

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068594

FILED  
May 12, 2009  
Secretary of State

Entity Name: RE-ESTABLISH YOUR CREDIT LLC

**Current Principal Place of Business:**

8358 W OAKLAND PARK BULEVARD  
307  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

8358 W OAKLAND PARK BULEVARD  
307  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 20-5178296      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HISPANIC FINANCIAL-TAX SERVICES INC  
7401 WILES RD  
115  
CORAL SPRINGS, FL 33067 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: ARANGO, LUZ MARINA  
Address: 8358 W OAKLAND PARK BLVD SUITE 307  
City-St-Zip: SUNRISE, FL 33351

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: CHAVARRO, MARIA FERNANDA  
Address: 8358 W OAKLAND PARK BLVD SUITE 307  
City-St-Zip: SUNRISE, FL 33351

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA F. CHAVARRO

MGR

05/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date