

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108238

FILED
Sep 03, 2007
Secretary of State

Entity Name: POSITIVE CREDIT SOLUTIONS LLC

Current Principal Place of Business:

6969 ROBERT F KENNEDY CIR
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

6501 ARLINGTON EXPY
B160
JACKSONVILLE, FL 32211 US

Current Mailing Address:

6969 ROBERT F KENNEDY CIR
JACKSONVILLE, FL 32209 US

New Mailing Address:

6501 ARLINGTON EXPWY
B160
JACKSONVILLE, FL 32211 US

FEI Number: 14-1979266 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:

THOMAS, CARY G
6969 ROBERT F KENNEDY CIR
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

THOMAS, CARY G
6501 ARLINGTON EXPWY
B160
JACKSONVILLE, FL 32211 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: CARY G THOMAS

09/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: GAYLORD, JOEL
Address: 6501 ARLINGTON EXPY
City-St-Zip: JACKSONVILLE, FL 32211 US

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: JOEL GAYLORD

MGR

09/03/2007

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