2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/10/2008-90031-029-$138.00-$138.00

FILED
08 OCT 17 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07102008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000112526

1. Entity Name
NEW DAY CREDIT MANAGEMENT, LLC

Principal Place of Business	Mailing Address
7890 42ND WAY N PINELLAS PARK, FL 33781 US	7890 42ND WAY N PINELLAS PARK, FL 33781 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7890 42ND WAY	" "
Suite, Apt. #, etc.	Suite, Apt. #, etc. " "
City & State PINELLAS PARK, FL	City & State " "
Zip 33781 Country PINELLAS	Zip " " Country " "

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, JASON
7890 42ND WAY N
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name: SAME AS LAST YEAR
Street Address (P.O. Box Number is Not Acceptable): " "
City: " " FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, JASON 7890 42ND WAY N PINELLAS PARK, FL 33781 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700137185677 10/22/08--01055--011 **0.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

10/20 an