


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90021 044 ***138.75

DOCUMENT # **L07000006765**

1. Entity Name
CREDIT WIZARD LLC



Principal Place of Business
**2146 KEATON CHASE DRIVE
 ORANGE PARK, FL 32003**

Mailing Address
**2146 KEATON CHASE DRIVE
 ORANGE PARK, FL 32003**

2. Principal Place of Business - No P.O. Box #
686 Kingsley Ave

3. Mailing Address
686 Kingsley Ave

Suite, Apt. #, etc.

City & State
Orange Park, FL


City & State
Orange Park, FL

Zip
32073

Country
USA

Zip
32073

Country
USA



01042008 Chg-LLC CR2E083 (12/06)

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**TROJANOWSKI, MNICHAEL ALAN
 2146 KEATON CHASE DRIVE
 ORANGE PARK, FL 32003**

7. Name and Address of New Registered Agent

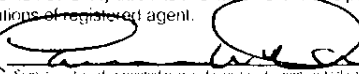
Name
Lavern Wm Vorst

Street Address (P.O. Box Number is Not Acceptable)
686 Kingsley Ave

City
Orange Park

FL Zip Code
32073

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  **Lavern Wm Vorst** 1/4/08

Separate signed or stamped copies of this report of agent and client available. (800) Registered Agent Signature required when registering. DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGR TROJANOWSKI, MICHAEL ALAN 2146 KEATON CHASE DRIVE ORANGE PARK, FL 32003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM TROJANOWSKI, DANEILA 2146 KEATON CHASE DRIVE ORANGE PARK, FL 32003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY ST ZIP	MGR Trojanowski, Michael Alan 686 Kingsley Ave Orange Park, FL 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM Trojanowski, Daneila 686 Kingsley Ave Orange Park, FL 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR Lavern W. Vorst 434 Charles Puckney St Orange Park, FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  1/4/08 904-463-0620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAY/MONTH/YEAR