

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

04-29-2008 90032 028 ***138.75

DOCUMENT # L07000046822

1. Entity Name
QUICKREDIT SOLUTIONS, LLC.



Principal Place of Business
**8125 NW 33 ST
MIAMI, FL 33122**

Mailing Address
**8125 NW 33 ST
MIAMI, FL 33122**

30008073



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04152008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
26-0183438

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**LAINIZ, RAFAEL MR.
313 LAKESIDE CT
SUNRISE, FL 33326**

7. Name and Address of New Registered Agent

Name **Luz H. Lainiz**
Street Address (P.O. Box Number is Not Acceptable)

313 Lakeside Ct.

City **SUNRISE, FL**

Zip Code **33326**

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 **X** **[Signature]**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-23-08

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 **PRESIDENT** ☐ Delete
NAME **RAFAEL LAINIZ**
STREET ADDRESS **313 LAKESIDE CT.**
CITY-ST-ZIP **SUNRISE, FL 33326**

10. ADDITIONS/CHANGES

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **Luz H. LAINIZ**
STREET ADDRESS **313 LAKESIDE CT.**
CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **X** **[Signature]** **RAFAEL LAINIZ**

5-23-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #