
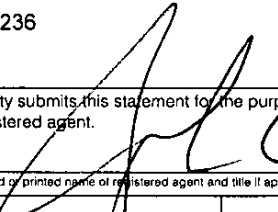
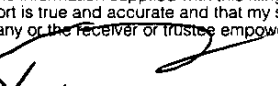


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2008 8:00 am
Secretary of State

08-28-2008 90039 008 ***138.75

DOCUMENT # L07000049580					
1. Entity Name TURBO CREDIT SOLUTIONS, LLC					
Principal Place of Business 39255 COUNTRY CLUB DRIVE SUITE B-38 FARMINGTON HILLS, MI 48331			Mailing Address 39255 COUNTRY CLUB DRIVE SUITE B-38 FARMINGTON HILLS, MI 48331		
2. Principal Place of Business - No P.O. Box # 1501 Blue Heron Dr. Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State		4. FEI Number 26-0139290	
Zip 34239		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEBERT HOLDINGS, LLC 1358 FRUITVILLE ROAD SUITE 210 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name: John A. Moran, Esq. Street Address (P.O. Box Number is Not Acceptable): 1990 Main Street, Suite 700 City: Sarasota FL Zip Code: 34236		
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:  DATE: 8-18-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR GONZALES, ROY <input type="checkbox"/> Delete 39255 COUNTRY CLUB DRIVE, SUITE B-38 FARMINGTON HILLS, MI 48331		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gonzales, Roy 1501 Blue Heron Dr. Sarasota, FL 34239	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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:  Roy Gonzales			8-15-08		941-539-2865
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>

50009720



07092008 Chg-LLC CR2E083 (12/06)