

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097999

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** CREDIT REPAIR ADJUSTERS, LLC

**Current Principal Place of Business:**

879 SUGAR HOUSE DRIVE  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

879 SUGAR HOUSE DRIVE  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

FEI Number: 26-1128297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE  
SUITE B  
PORT ORANGE, FL 32127 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CNR HOLDINGS, LLLP  
Address: 5190 NIEL ROAD  
City-St-Zip: RENO, NV 89502 US

Title: MGR ( ) Delete  
Name: DAILEY, DENICE  
Address: 879 SUGAR HOUSE  
City-St-Zip: PORT ORANGE, FL 32129 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DENICE DAILEY

MGR

05/01/2009

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