

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009107

FILED
Mar 09, 2009
Secretary of State

Entity Name: CREDIT REPAIR SOLUTIONS & MORE LLC

Current Principal Place of Business:

6263 NW 42 CT
CORAL SPRINGS, FL 33067

New Principal Place of Business:

1919 N. STATE RD, 7
108
MARGATE, FL 33063

Current Mailing Address:

6263 NW 42 CT
CORAL SPRINGS, FL 33067

New Mailing Address:

1919 N. STATE RD, 7
108
MARGATE, FL 33063

FEI Number: 26-1838956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZALDUMBIDE, MARICEL
6263 NW 42 CT
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

HISPANIC FINANCIAL TAX SERVICES INC
7401 WILES RD
115
CORAL SPRINGS, FL 33067 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: ALVARO PATINO

03/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZALDUMBIDE, MARICEL
Address: 6263 NW 42 CT
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZALDUMBIDE, MARICEL
Address: 1919 N. STATE 7, STE 108
City-St-Zip: MARGATE, FL 33067

Title: MGR () Change (X) Addition
Name: ZALDUMBIDE, OMAR
Address: 1919 N. STATE RD 7, STE 108
City-St-Zip: MARGATE, FL 33063

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: MARICEL ZALDUMBIDE

MGR

03/09/2009

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