

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038017

FILED
Apr 29, 2009
Secretary of State

Entity Name: REGAL CREDIT REPAIR LLC

Current Principal Place of Business:

5400 S. UNIVERSITY DRIVE
SUITE 102
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

5400 S. UNIVERSITY DRIVE
SUITE 102
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLE, FRANK
401 LAKEVIEW DRIVE
UNIT 101
WESTON, FL 33326 US

Name and Address of New Registered Agent:

SHORR, LINDA
5400 S. UNIVERSITY DRIVE
SUITE 102
DAVIE, FL 33328 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: LINDA SHORR

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHORR, LINDA C
Address: 5400 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328 US

Title: MGRM () Delete
Name: SHORR, MARK I
Address: 5400 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328 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: LINDA SHORR

MGRM

04/29/2009

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