

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080104

Entity Name: EZ CREDIT CLINIC LLC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

12116 MELROSE AVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

12116 MELROSE AVE
BONITA SPRINGS, FL 34135

New Mailing Address:

P O BOX 306
BONITA SPRINGS, FL 34133

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYMAN, YOUSSEF
12116 MELROSE AVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

CREDIT CLINIC
12116 MELROSE AVE
BONITA SPRINGS, FL 34135 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: AYMAN YOUSSEF

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: GMGR,
Address: 12116 MELROSE AVE
City-St-Zip: BONITA SPRINGS, FL 34135

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: INASS YOUSSEF

MGR

01/07/2009

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