

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093357

FILED
Apr 30, 2009
Secretary of State

Entity Name: INTEGRITY CREDIT COUNSELING SERVICES LLC

Current Principal Place of Business:

380 S. STATE ROAD 434
SUITE 1004-138
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

380 S. STATE ROAD 434
SUITE 1004-138
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 26-3467649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOBER, SCOTT M
380 S. STATE ROAD 434
SUITE 1004-138
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: OBESO, CARL E
Address: 601 GOLDEN DAWN LANE
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM () Delete
Name: TOBER, SCOTT M
Address: 291 STRATFORD CT
City-St-Zip: LAKE MARY, FL 32746 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: SCOTT M TOBER

MGRM

04/30/2009

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