

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113700

FILED
Aug 05, 2009
Secretary of State

Entity Name: CREDIT CAPACITY SOLUTIONS, LLC

Current Principal Place of Business:

12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: LEON, MARIANELLA
Address: 12000 NORTH DALE MABRY HWY
City-St-Zip: SUITE 110, FL 33618 US

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: MARIANELLA LEON

MGR

08/05/2009

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