

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000076778

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** PRO CREDIT SOLUTIONS, LLC

**Current Principal Place of Business:**

539 FRANKLYN AVE.  
INDIALANTIC, FL 32903 US

**New Principal Place of Business:**

**Current Mailing Address:**

539 FRANKLYN AVE.  
INDIALANTIC, FL 32903 US

**New Mailing Address:**

**FEI Number:** 01-0935440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOYLE, JARED M  
539 FRANKLYN AVE  
INDIALANTIC, FL 32903 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:** MGR  
**Name:** DIA, ROSE  
**Address:** 268 RIDGEPOINTE DR  
**City-St-Zip:** COLD SPRINGS, KY 41076 US

**Title:** MGRM  
**Name:** DOYLE, JARED  
**Address:** 539 FRANKLYN AVE  
**City-St-Zip:** INDIALANTIC, FL 32903 US

I hereby 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:** JARED DOYLE

MGRM

03/18/2010

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