

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000078560

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** COLLABORATED CREDIT RESTORATION LLC

**Current Principal Place of Business:**

3900 VILLAGE DRIVE  
UNIT A  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

3900 VILLAGE DRIVE  
UNIT A  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 27-3144642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNIGAN, KEVIN P  
3900 VILLAGE DRIVE  
UNIT A  
DELRAY BEACH, FL 33445 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: DUNIGAN, KEVIN P  
Address: P.O. BOX 999  
City-St-Zip: BOCA RATON, FL 33445

Title: MGRM  
Name: HARVEY, JOHN DR  
Address: 538 RACHEL DR  
City-St-Zip: FRANKLINVILLE, NJ 08322

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: KEVIN DUNIGAN

MGRM

04/25/2011

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