## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M00000000266

Entity Name: REGENCY CREDIT, L.L.C.

FILED Apr 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1403 W 10TH PLACE 1403 W 10TH PLACE

STE 110-B STE B110

TEMPE, AZ 85281 TEMPE, AZ 85281

**Current Mailing Address: New Mailing Address:** 

1403 W 10TH PLACE 1403 W 10TH PLACE STE 110-B STE B110

TEMPE, AZ 85281 52 TEMPE, AZ 85281 52

FEI Number: 86-0832994 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPRECHMAN, STEVEN B 2775 SUNNY ÍSLES BLVD SUITE 100 MIAMI, FL 331604007 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:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGRM Title: (X) Change ( ) Addition () Delete SCHWARTZ, FRANK Name: SCHWARTZ, FRANK Name:

1403 W 10TH PLACE, SUITE 110-B Address: 1403 W 10TH PLACE, SUITE B110 Address:

City-St-Zip: TEMPE, AZ 85281 City-St-Zip: TEMPE, AZ 85281

(X) Change ( ) Addition Title: MGRM () Delete Title: MGRM MONASHKIN, SHELDON Name: MONASHKIN, SHELDON Name:

Address: 1403 W 10TH PLACE SUITE 110-B Address: 1403 W 10TH PLACE SUITE B110

City-St-Zip: TEMPE, AZ 85281 City-St-Zip: TEMPE, AZ 85281

Title: MGR () Delete Title: MGR (X) Change ( ) Addition SCHWARTZ, ABBY SCHWARTZ, ABBY Name: Name:

1403 W 10TH PLACE SUITE B110 1403 W 10TH PLACE SUITE 110-B Address: Address:

City-St-Zip: TEMPE, AZ 85281 City-St-Zip: TEMPE, AZ 85281

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition SCHWARTZ-HAMMER, LESLEY Name: Name: SCHWARTZ-HAMMER, LESLEY 1403 W 10TH PLACE SUITE B110 Address: 1403 W 10TH PLACE SUITE 110-B Address:

City-St-Zip: TEMPE, AZ 85281 City-St-Zip: TEMPE, AZ 85281

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: SHELDON MONASHKIN **MGRM** 04/14/2009