

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90281 046 ****50.00

DOCUMENT # M02000000167

1. Entity Name

BEACON CREDIT SERVICES, LLC



Principal Place of Business

100 HALLS ROAD
OLD LYME CT 06371

Mailing Address

P.O. BOX 1060
OLD LYME CT 06371

24014210



MOORE

CR2E083 (11/03)

2. Principal Place of Business

100 Halls Road

3. Mailing Address

P.O. Box 1060

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Old Lyme, CT

City & State

Old Lyme, CT

Zip

06371

Country

New London

Zip

06371

Country

New London

4. FEI Number

06-1531595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOVAK, PATRICK E
9100 SO. DADELAND BLVD. STE 1104
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SWIMMER, ALAN
STREET ADDRESS 100 HALLS ROAD
CITY-ST-ZIP OLD LYME CT 06371

TITLE MGR ☐ Delete
NAME SEDICUM, AUSTIN
STREET ADDRESS 100 HALLS ROAD
CITY-ST-ZIP OLD LYME CT 06371

TITLE MGR ☐ Delete
NAME REDMOND, JOHN
STREET ADDRESS 100 HALLS ROAD
CITY-ST-ZIP OLD LYME CT 06371

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Alan Swimmer 2/10/04 860-434-4242