

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP -7 AM 8:25

DOCUMENT # M04000004161

1. Entity Name  
CREDIT FINANCIAL SERVICES LLC



Principal Place of Business  
4660 DUKE DRIVE, SUITE 200  
MASON, OH 45040

Mailing Address  
4660 DUKE DRIVE, SUITE 200  
MASON, OH 45040

**DO NOT WRITE IN THIS SPACE**

09012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
31-1630055

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FLORIDA COMPLIANCE SPECIALIST, INC.  
2331 HANSEN PLACE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
GRIPPA, JOHN P III  
4660 DUKE DRIVE, SUITE 200  
MASON, OH 45040

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SANZ, RICARDO  
4660 DUKE DRIVE, SUITE 200  
MASON, OH 45040

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
KENNARD, TODD K  
4660 DUKE DRIVE, SUITE 200  
MASON, OH 45040

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

800059817438  
09/21/05--01026--006 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*RICARDO B. SANZ, CFO/MGR* 9/1/05 513-229-3400