

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000004990

1. Entity Name
TIDEWATER CREDIT SERVICES LLC



Principal Place of Business
6520 INDIAN RIVER RD.
VIRGINIA BEACH, VA 23464

Mailing Address
6520 INDIAN RIVER RD.
VIRGINIA BEACH, VA 23464

FILED
May 01, 2007 08:00 AM
Secretary of State



04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
54-1650513

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 relocating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BENSON, NATHAN
448 VIKING DR. SUITE 220
VIRGINIA BEACH, FL 23452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GOTTLIEB, RAYMOND
448 VIKING DR. SUITE 220
VIRGINIA BEACH, VA 23452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/21/07-80010-020 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/30/07

Date

Daytime Phone #