

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000006278

1. Entity Name
THE CREDIT UNION LOAN SOURCE, LLC



Principal Place of Business
**6705 SUGARLOAF PARKWAY, SUITE 200
DULUTH, GA 30097**

Mailing Address
**6705 SUGARLOAF PARKWAY, SUITE 200
DULUTH, GA 30097**



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0117641

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000805139
02/05/08-80097-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DECINQUE, DONALD A
6705 SUGARLOAF PARKWAY, SUITE 200
DULUTH, GA 30097**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FOLEY, RICK
6705 SUGARLOAF PARKWAY, SUITE 200
DULUTH, GA 30097**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
AYERS, CHARLOTTE
6705 SUGARLOAF PARKWAY, SUITE 200
DULUTH, GA 30097**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MERCER, MICHAEL J
6705 SUGARLOAF PARKWAY, SUITE 200
DULUTH, GA 30097**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1-23-08 (770) 476-9625