

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005318

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: US CREDIT COUNSELORS, LLC

**Current Principal Place of Business:**

300 S. POINTE DRIVE  
406  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

300 S. POINTE DRIVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

PO BOX 402993  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

KRONAWETLEITNER, PETER  
300 S. POINTE DRIVE  
406  
MIAMI BEACH, FL 33139 US

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

KRONAWETLEITNER, PETER  
300 S. POINTE DRIVE  
MIAMI BEACH, FL 33139 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:

04/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: RA ( ) Delete  
Name: KRONAWETLEITN, PETER  
Address: P O BOX 402993  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER KRONAWETLEITN

RA

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date