

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # M99000000403

1. Entity Name
CONSUMER FINANCIAL SERVICES OF TAMPA, FL, L.L.C.



Principal Place of Business

11720 US HWY 19
STE 21
PORT RICHEY, FL 34668

Mailing Address

11720 US HWY 19
STE 21
PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE



01032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
36-4276678

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES D. LUCE
11720 US HWY 19 STE 21
PORT RICHEY, FL 34668

**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 initial applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JAMES D. LUCE
STREET ADDRESS	7514 CYPRESS KNOLL DR
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34653
TITLE	MGR
NAME	JEFF BRINCART
STREET ADDRESS	509 GREEN BAY RD.
CITY-STATE-ZIP	WANKEGAN, IL 60085
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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**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 #

1/3/07

(727)
862-2944