

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90040 023 \*\*\*\*50.00

DOCUMENT # M99000001483

1. Entity Name

PHOENIX CREDIT SOLUTIONS, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

53 Century Blvd.

Suite, Apt. #, etc.

STE 200

City & State

Nashville

TN

Zip

37214

Country

USA

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1756524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM.
NAME	MITCHELL KAHN
STREET ADDRESS	53 Century Blvd STE 200
CITY-ST-ZIP	Nashville TN 37214
TITLE	MGRM
NAME	RONALD BARNES
STREET ADDRESS	53 Century Blvd STE 200
CITY-ST-ZIP	Nashville TN 37214
TITLE	MGRM
NAME	KEVIN NORMAN
STREET ADDRESS	53 Century Blvd STE 200
CITY-ST-ZIP	Nashville TN 37214

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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: Kevin T. Howard KEVIN T. HOWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-8-02

615-232-9223

Date

Daytime Phone #

CR2E083B (12/01)