## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000096521

Entity Name: CREDIT REPAIR CONNECTION, LLC

**Current Principal Place of Business:** 

8010 N. ATLANTIC AVE.

CAPE CANAVERAL, FL 32920

**Current Mailing Address:** 

**PO BOX 166** 

CAPE CANAVERAL, FL 32920 US

FEI Number: 46-0661570 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIGMAN, ROBERT 8700 ASTRONAUT BLVD 166 CAPE CANAVERAL, FL 32920 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:

Electronic Signature of Registered Agent

Date

**FILED** Apr 03, 2015

**Secretary of State** 

CC1925820004

## Authorized Person(s) Detail:

MGRM Title

SIGMAN, ROBERT Name

8010 N. ATLANTIC AVE., UNIT 7 Address City-State-Zip: CAPE CANAVERAL FL 32920

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT SIGMAN **MGRM**