

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003269

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC6838183192**

**Entity Name:** SECURITY CREDIT SERVICES, LLC

**Current Principal Place of Business:**

2653 WEST OXFORD LOOP, SUITE 108  
OXFORD, MS 38655

**Current Mailing Address:**

2653 WEST OXFORD LOOP, SUITE 108  
OXFORD, MS 38655

**FEI Number:** 20-0151539

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	ALIAS, WILLIAM AII	Name	ALIAS, WILLIAM AJR.
Address	2653 WEST OXFORD LOOP, SUITE 108	Address	2653 WEST OXFORD LOOP, SUITE 108
City-State-Zip:	OXFORD MS 38655	City-State-Zip:	OXFORD MS 38655

*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:** WILLIAM A ALIAS II

**OWNER**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date