

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 10, 2005
Secretary of State**

DOCUMENT# L03000049230

Entity Name: EMERALD PAYMENT SOLUTIONS, L.L.C.

Current Principal Place of Business:

10859 EMERALD COAST PKWY #4-316
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

10859 EMERALD COAST PKWY #4-316
DESTIN, FL 32550

New Mailing Address:

FEI Number: 32-0098871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CARMEN, ABI MGR
10859 EMERALD COAST PKWY #4-316
DESTIN, FL 32550 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: ABI CARMEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: KAHN, JAMES M
Address: 10859 EMERALD COAST PKWY #4-316
City-St-Zip: DESTIN, FL 32550

Title: MGR (X) Change () Addition
Name: CARMEN, ABI MGR
Address: 10859 EMERALD COAST PKWY., #4-316
City-St-Zip: DESTIN, FL 32550

Title: MGR (X) Delete
Name: CARMEN, ABI
Address: 10859 EMERALD COAST PKWY #4-316
City-St-Zip: DESTIN, FL 32550

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

Title: MGRM (X) Delete
Name: WOLFF, WILLIAM
Address: 437 MADISON AV
City-St-Zip: NEW YORK, NY 10022

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ABI CARMEN

MGR

10/10/2005

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