

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015094

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: FIDELITY QUICKPAY, LLC

**Current Principal Place of Business:**

4945 SW 74 COURT  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

4945 SW 74 COURT  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 20-0781078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CAMEJO, ARMANDO  
4945 SW 74 COURT  
MIAMI, FL 33155 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARRERO, ALEX  
Address: 4945 SW 74 COURT  
City-St-Zip: MIAMI, FL 33155

Title: P ( ) Delete  
Name: MARRERO, ALEX  
Address: 4945 SW 74 COURT  
City-St-Zip: MIAMI, FL 33155

Title: S ( ) Delete  
Name: CAMEJO, ARMANDO  
Address: 4945 SW 74 COURT  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES:**

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

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

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 Chapter 119, 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: ALEX MARRERO

PRES

01/05/2007

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