


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90041 011 \*\*\*138.75

<b>DOCUMENT # L05000059768</b> 1. Entity Name <b>CERTIPAY AMERICA, LLC</b>					
Principal Place of Business <b>1801 HOBBS RD. AUBURNDALE, FL 33823</b>			Mailing Address <b>1801 HOBBS RD. AUBURNDALE, FL 33823</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-2999905</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Applied For		Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>MULLIS, HAROLD W JR</b> <b>101 E. KENNEDY BLVD., STE. 2700</b> <b>TAMPA, FL 33602</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIMBLE, ROB		NAME		
STREET ADDRESS	1801 HOBBS RD.		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACARTE, GRANT		NAME		
STREET ADDRESS	1801 HOBBS RD.		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, DENNY		NAME		
STREET ADDRESS	1801 HOBBS RD.		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUGGIERI, MARK		NAME		
STREET ADDRESS	1801 HOBBS RD		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIGHT, JAMES		NAME		
STREET ADDRESS	1801 HOBBS RD		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<i>William C. Keith</i>	
STREET ADDRESS			STREET ADDRESS	<i>1801 Hobbs Rd.</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Auburndale, FL 33823</i>	

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4. FEI Number  
**20-2999905**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *[Signature]* *William C. Keith* *9/26/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #