File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	199	0	HIER.	DIVISION OF	CON	PONATIONS]	98 APR -	-6 AM 10: 42	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE] H 4/8			
1. Name of Limi	and Mailing Ad Ited Liability Co	Mailing Address Lability Company DOCUMENT # L9700000463 1a. Principal Place of Business Address								
CHECKMARK SYSTEMS, LC 10913 NORTH DALE MABRY HWY TAMPA FL 33618							10913 NORTH DALE MABRY HWY TAMPA FL 33618			
2. Princip	al Place of Bus	iness	2a. Mail	ng Address			Date Organize	d or Qualified	3a. State of Formation	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05/01/1 4. FEI Number	997	FI Applied For		
City & State			City & State				59-3445595 Not Applicable			
Zip		Country	Zip		Count	ry	5. Date of Last H	өроп	6. Certificate of Status Desire \$8.75 Additional Fee Required	
7. Name and Address of Current Re			Registered	Agent		8. 1	Name and Address	of New Regis	tered Agent/Office	
GRANAGHAN, PATRICK T 10913 NORTH DALE MABRY HWY TAMPA FL 33618				Street Address (F Suite, Apt. #, etc.			P.O. Box Number is Not Acceptable)			
	•					City		FL	Zip Code	
its register										
SIGNATU	RE					·····	D	ATE		
10. Title Managing Members/Managers				intraced) (NOTE Registered Agent signature required when reinstating Business Street Address			City, State and Zip Code			
70. Title	lle Managing Members/Managers But				Dusine	So Silver Address City, State and Zip Code				
·						TH DALE M	ABRY HWY TAMPA		FL JUMA CA	
							10	0002 -04/14 ****1	: 487821 1/9801038018 88.75 ****188.7	
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11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #