## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000106139

Entity Name: PROGRESSIVE PAYMENT SYSTEMS, LLC

FILED Jan 15, 2009 Secretary of State

745 U.S. HWY ONE STE 207 4440 PGA BLVD. N. PALM BEACH, FL 33408 SUITE 600

PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

745 U.S. HWY ONE STE 207 PO BOX 700

N. PALM BEACH, FL 33408 ANGEL FIRE, NM 87710 07

FEI Number: 20-5823968 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROTTKAMP, MICHAEL 3260 FLANAGAN AVENUE WEST MELBOURNE, FL 32904 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

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MARTIN, DANIEL
 Name:

 Address:
 PO BOX 700
 Address:

 City-St-Zip:
 ANGEL FIRE, NM 87110
 City-St-Zip:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ROTTKAMP, DAVE
 Name:

 Address:
 2 WYCLIFF COURT
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33418
 City-St-Zip:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ROTTKAMP, MICHAEL
 Name:

 Address:
 3260 FLANAGAN AVENUE
 Address:

 City-St-Zip:
 WEST MELBOURNE, FL 32904
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL MARTIN MGR 01/15/2009