

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000116517

**Entity Name:** CARDPLATFORMS LLC**Current Principal Place of Business:**1 TOWN CENTER ROAD  
SUITE 500  
BOCA RATON, FL 33486**Current Mailing Address:**1 TOWN CENTER ROAD  
SUITE 500  
BOCA RATON, FL 33486 US**FEI Number:** 27-4032590**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MICHAEL G. PARK, P.A.  
1 TOWN CENTER ROAD  
SUITE 500  
BOCA RATON, FL 33486 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

**Authorized Person(s) Detail :**

Title MANAGER, DIRECTOR  
Name FOSTER, JEFFERY  
Address 1 TOWN CENTER ROAD  
SUITE 500  
City-State-Zip: BOCA RATON FL 33486

Title AUTHORIZED REPRESENTATIVE  
Name PARK, MICHAEL G.  
Address 1 TOWN CENTER ROAD  
SUITE 500  
City-State-Zip: BOCA RATON FL 33486

Title MANAGER, DIRECTOR  
Name PETTY, DARIN  
Address 1 TOWN CENTER ROAD  
SUITE 500  
City-State-Zip: BOCA RATON FL 33486

Title MANAGER, DIRECTOR  
Name AVILES, JIM  
Address 1 TOWN CENTER ROAD  
SUITE 500  
City-State-Zip: BOCA RATON FL 33486

Title MGR, DIRECTOR  
Name TANNIN, MATTHEW  
Address 1 TOWN CENTER ROAD  
SUITE 500  
City-State-Zip: BOCA RATON FL 33486

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL PARK****AUTH. REP.****04/03/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date