

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000116517

FILED
Feb 22, 2016
Secretary of State
CC2575295705

Entity Name: CARDPLATFORMS LLC

Current Principal Place of Business:

ONE TOWN CENTER ROAD
SUITE 500
BOCA RATON, FL 33486

Current Mailing Address:

ONE 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.
ONE 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: ONE TOWN CENTER ROAD
SUITE 500
City-State-Zip: BOCA RATON FL 33486

Title: MANAGER, DIRECTOR
Name: YON, YVES
Address: ONE TOWN CENTER ROAD
SUITE 500
City-State-Zip: BOCA RATON FL 33486

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

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

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

Title: MANAGER, DIRECTOR
Name: JADALLAH, CHARLIE
Address: ONE 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 G. PARK

**AUTHORIZED
REPRESENTATIVE**

02/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date