

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000005687

**Entity Name:** EFFECTIVE PAYMENT MANAGEMENT LLC

**Current Principal Place of Business:**

10380 SW VILLAGE CENTER DR  
UNIT 201  
PORT SAINT LUCIE, FL 34987

**Current Mailing Address:**

10380 SW VILLAGE CENTER DR  
UNIT 201  
PORT SAINT LUCIE, FL 34987 US

**FEI Number:** 22-3962958

**Certificate of Status Desired:** No

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

HEARON, WILLIAM W  
10380 SW VILLAGE CENTER DR  
UNIT 201  
PORT SAINT LUCIE, FL 34987 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:** WILLIAM W. HEARON

05/08/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name EFFECTIVE BUSINESS SYSTEMS  
INTERNATIONAL I  
Address 10380 SW VILLAGE CENTER DRIVE  
UNIT 201  
City-State-Zip: PORT SAINT LUCIE FL 34987

*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:** WILLIAM W. HEARON

MGRM

05/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date