

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000181905

**FILED  
Mar 31, 2015  
Secretary of State  
CC7809702623**

**Entity Name:** EXPERT ATM OF FLORIDA LLC

**Current Principal Place of Business:**

848 BRICKELL AVENUE  
SUITE 601  
MIAMI, FL 33131

**Current Mailing Address:**

848 BRICKELL AVENUE  
SUITE 601  
MIAMI, FL 33131 US

**FEI Number:** 47-2396002

**Certificate of Status Desired:** No

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

URRUELA, JUAN F  
848 BRICKELL AVENUE  
601  
MIAMI, FL 33131 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            AUTHORIZED MEMBER  
Name            URRUELA, JUAN F  
Address        848 BRICKELL AVENUE  
                  SUITE 601  
City-State-Zip: MIAMI FL 33131

Title            AUTHORIZED MEMBER  
Name            KASSEL, GABRIEL  
Address        1050 BRICKELL AVENUE  
                  SUITE 412  
City-State-Zip: MIAMI FL 33131

Title            MANAGER  
Name            URRUELA, MARTIN  
Address        848 BRICKELL AVENUE  
                  SUITE 601  
City-State-Zip: MIAMI FL 33131

*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:** MARTIN URRUELA

**MANAGER**

**03/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date