

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000031565

**Entity Name:** G&L CARDS AND PAYMENTS, LLC

**Current Principal Place of Business:**

21550 SAINT ANDREWS GRAND CIRCLE  
BOCA RATON, FL 33486-8670

**Current Mailing Address:**

21550 SAINT ANDREWS GRAND CIRCLE  
BOCA RATON, FL 33486-8670 US

**FEI Number:** 37-1778160

**Certificate of Status Desired:** Yes

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

THE VICTORIA LAW GROUP  
21550 SAINT ANDREWS GRAND CIRCLE  
BOCA RATON, FL 33486-8670 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 MBR  
Name GHELFFOND LECUONA, MATILDE  
Address RUA ALVORADA DO SUL 199  
City-State-Zip: SAO PAULO BRAZIL CEP 05612-010  
SP BR

Title MBR  
Name LECUONA VARELA, DANIEL SERGIO  
Address RUA ALVORADA DO SUL 199  
City-State-Zip: SAO PAULO BRAZIL CEP 05612-010  
SP BR

*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:** MATILDE GHELFFOND LECUONA

**PARTNER**

**04/26/2018**

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

\_\_\_\_\_  
Date