

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000002841

**FILED**  
**Mar 31, 2018**  
**Secretary of State**  
**CC4995925889**

**Entity Name:** SHAFFER CREDIT CARD SERVICES, LLC

**Current Principal Place of Business:**

8972 WARWICK DRIVE  
BOCA RATON, FL 33433

**Current Mailing Address:**

8972 WARWICK DRIVE  
BOCA RATON, FL 33433

**FEI Number: 81-4909581**

**Certificate of Status Desired: No**

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

PATRICIA T ANDERSON, INC.  
400 S. DIXIE HIGHWAY  
SUITE 128  
BOCA RATON, FL 33432 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	P	Title	VP
Name	SHAFFER, ROBERT W	Name	SHAFFER, MARY
Address	8972 WARWICK DRIVE	Address	8972 WARWICK DRIVE
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33433

*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: MARY L SHAFFER**

**OWNER/PARTNER**

**03/31/2018**

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

\_\_\_\_\_  
Date