

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000003948

**Entity Name:** ALLIED CASH HOLDINGS LLC

**Current Principal Place of Business:**

7755 MONTGOMERY ROAD  
SUITE 400  
CINCINNATI, OH 45236

**Current Mailing Address:**

7755 MONTGOMERY ROAD  
SUITE 400  
CINCINNATI, OH 45236 US

**FEI Number:** 94-3391147

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MEMBER  
Name CLARK, DOUGLAS  
Address 7755 MONTGOMERY ROAD  
SUITE 400  
City-State-Zip: CINCINNATI OH 45236

Title MEMBER  
Name JUDD, KEN  
Address 7755 MONTGOMERY ROAD  
SUITE 400  
City-State-Zip: CINCINNATI OH 45236

Title MEMBER  
Name DAVIS, A. DAVID  
Address 7755 MONTGOMERY ROAD  
SUITE 400  
City-State-Zip: CINCINNATI OH 45236

Title MEMBER  
Name WILLIAMSON, LUKE  
Address 7755 MONTGOMERY ROAD  
SUITE 400  
City-State-Zip: CINCINNATI OH 45236

Title MEMBER  
Name ANDRE, ANDREA  
Address 7755 MONTGOMERY ROAD  
SUITE 400  
City-State-Zip: CINCINNATI OH 45236

Title MEMBER  
Name JOSEFORSKY, JULIE  
Address 7755 MONTGOMERY ROAD  
SUITE 400  
City-State-Zip: CINCINNATI OH 45236

*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:** ANDREA ANDRE

**MEMBER**

**04/13/2018**

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

\_\_\_\_\_  
Date