	UNIFORM BU		ORT (UBR)	٦		
DOCUMENT # LOOOOOO8343 1. Entity Name AUTOMATED ELECTRONIC TRANSFERS, LLC				FILED		
7107011		, , , , , , , , , , , , , , , , , , ,		1	_	
Principal Place	e of Business	Mailing Address		01 SEP 24 PM 12: 1	7	
3112 GULF GATE DRIVE SARASOTA FL 34231		3112 GULF GATE DRIVE SARASOTA FL 34231		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2 Principal Pl	non of Business	3. Mailing Address	· ,			
2. Principal Place of Business				(CONXENT ONE CONST. OCTS)	(49 141 0110 1 (1 1 151 1111) 01066 1111 (4 0 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State)	City & State		4. FEI Number 65-1023905	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	CE OO LARE	
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Regist		
CORPORATE CREATIONS NETWORKS INC.						
941 FOURTH STREET #200 MIAMI BEACH FL 33139			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code	
	Signature, typed or printed name of registered a	FILE N Make Check P	IOW!!! FEE IS \$50.0 ayable to Department y September 26, 200	of State	DATE TO THE TOTAL THE TOTA	
9.	MANAGING MEN	MBERS/MANAGERS	10.	ADDITIONS/CHA	NGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IANNELLO, ANGELO J 3112 GULF GATE DRIVE SARASOTA FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	OANNOUTA FE STEET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	00000461 -09/28/01 ******50.	. 62₽₽ ₽ —□▲ ੑਜ਼ 01040008 00 *****50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-24		☐ Delete	TITLE -NAME - STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	

CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is incertain accurate and that my 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 the report as required by Chapter 608, Florida Statutes.

19/01

CITY-ST-ZIP

SIGNATURE