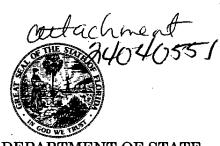
FILED Apr 13, 2004 8:00 am Secretary of State

20	04 El	MITE	D LIA	BILI'	TY C	OMP/	ANY
		' ANI	NUAL	REP	ORT		

DOCUMENT # L01000016030 1. Entity Name ENCIRCLE PAYMENT SOLUTIONS, L.L.C.						04-13-2004 90333 050 ****55.00				
Principal Place 1691 N.W. 16 MIAMI, FL 33	O7TH AVE.	Mailing Address 1691 N.W. 107TH AVE. MIAMI, FL 33172	1691 N.W. 107TH AVE.							
2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04022004	Chg-LLC		083 (10/03)		
City & State		City & State			4. FEI Number		Applied For			
Zip	Country	Zip ,	Country		65-1148 5. Certificate 6	of Status Desired	×	\$5.00 Add		
* * * * * * * * * * * * * * * * * * * *	6. Name and Address of Curre	ent Registered Agent			7. Name and	Address of New Re	egistered	Fee Require	. <u>* 255.</u>	
BEFELER, GEORGE ESQ. 90 S.W. 8TH ST., STE. 3100				Name Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL			-			 			<u>:</u>	
			0	ity			FL	Zip Cod	e	
	named entity submits this statemer	at for the purpose of changing its r	egistered o	ffice or register	ed agent, or both	n, in the State of Flo			and accept	
the obligati - SIGNATURE	ions of registered agent.									
JIGNATURE -	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	Registered Age	nt signature required	when reinstating)		DATE			
Fi Dı	ling Fee is \$50.00 ue by May 1, 2004							payable to nent of Stat	e	
9.		MBERS/MANAGERS	10.		E	ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAJWANI, ANIL 12 TAHIH BCH MIAMI, FL 33143	Delete	NAME STREET AC					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	MGR GAJWANI, SURESH 13 TAHITI BEAD MIAMI, FL 33143	☐ Defete	TITLE NAME STREET AL	DDRESS	· · ·		-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete - 👳	TITLE NAME STREET AL CITY-ST-	l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-	1				☐ Change	Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ALL CITY-ST-	I .				☐ Change	☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ALL CITY-ST-					☐ Change	Addition	
	certify that the information supplied on this report is true and accurate bility company or the receiver or tru	with this filing does not qualify for and that my signature shall have the stee empowered to execute this re	the exempt he same leg eport as red	ion stated in Se gat effect as if n quired by Chap	ection 119.07(3)(i nade under oath ter 608, Florida S), Florida Statutes. I that I am a manag statutes.	further ce ing memb	ertify that the i per or manage	nformation er of the	
SIGNAT	SIGNATURE AND TYPER OR PRINTED AND	NE OF SIGNING MANAGING MEMBER, MAN	LAGER, OR AUT	HORIZED REPRESE	ENTATIVE	Date		Daytime Phone #		



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 2, 2004

ENCIRCLE PAYMENT SOLUTIONS, L.L.C. 1691 N.W. 107TH AVE. MIAMI, FL 33172

SUBJECT: ENGIRCLE PAYMENT SOLUTIONS, L.L.C. Ref. Number (L01000016030

We have received your document for ENCIRCLE PAYMENT SOLUTIONS, L.L.C. and check(s) totaling \$55.00. However, your check(s) and document are being returned for the following:

Enclosed is the form for you to file your report by mail. Please sign the report and return it to us with your check and this letter.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers

Registration/Qualification Section
Division of Corporations Letter Number: 404A00021808



Division of Corporations

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Document Number: L01000016030

Tracking Number: 000030394760

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