



04-13-2004 90333 050 ****55.00

DOCUMENT # L01000016030				04-13-2004 90333 050 ****55.00	
1. Entity Name ENCIRCLE PAYMENT SOLUTIONS, L.L.C.					
Principal Place of Business 1691 N.W. 107TH AVE. MIAMI, FL 33172		Mailing Address 1691 N.W. 107TH AVE. MIAMI, FL 33172			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 65-1148601	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
BEFELER, GEORGE ESQ. 90 S.W. 8TH ST., STE. 3100 MIAMI, FL 33130		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAJWANI, ANIL		NAME		
STREET ADDRESS	12 TAHIH BCH		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAJWANI, SURESH		NAME		
STREET ADDRESS	13 TAHITI BEAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing 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 true and 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 this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
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: ~~ENCIRCLE 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

www.sunbiz.org

attachment
Division of Corporations

24040551
EN CIRCLE

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Definite solutions*

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **L01000016030**

Tracking Number: **000030394760**

The charge for your Annual Report is
\$55.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. ~~Use the browser forward button to come back to this page.~~

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

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3/22

EnCircle Inc.

One EnCircle Plaza, 1691 N.W. 107 Avenue, Miami, Florida 33172-2711

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3/12/2004