

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90353 025 ****50.00

DOCUMENT # L02000004712

1. Entity Name
EMPLOYEE CASH MANAGEMENT, LLC



Principal Place of Business
1241 O.G. SKINNER DRIVE
WEST POINT, GA 31833 US

Mailing Address
P.O. BOX 510
WEST POINT, GA 31833 US

00004712



2. Principal Place of Business - No P.O. Box #
250 Williams St.

3. Mailing Address
250 Williams St.

Suite, Apt. #, etc.
M-100

Suite, Apt. #, etc.
M-100

02022007 Chg-LLC CR2E083 (12/06)

City & State
Atlanta, GA

City & State
Atlanta, GA

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

Zip
30303

Zip
30303

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
LANIER, III, CAMPBELL B
1601 TANYARD ROAD
LANETT, AL 36863 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
M. Brooks Smith
250 Williams St., M-100
Atlanta, GA 30303 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
HODGES, JEFFREY W
1241 OG SKINNER DR
WEST POINT, GA 31833 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
Kenneth Taylor
250 Williams St., M-100
Atlanta, GA 30303 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

John L. Bongani

4/6/07

678.327.2500