

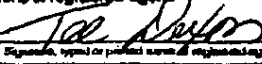
FILED
May 28, 2003 8:00 am
Secretary of State

5/21

05-02-2003 90575 021 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

44002765

DOCUMENT # L02000006208			
1. Entity Name YOUR MONEY ACCESS LLC			
Principal Place of Business 141 CHAUKEE LANE NORTH, SUITE 0 LAKE MARY, FL 32746		Mailing Address 141 CHAUKEE LANE NORTH, SUITE 0 LAKE MARY, FL 32746	
2. Principal Place of Business 800 W. LAKE MARY		3. Mailing Address 4185 W. LAKE MARY BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 177	
City & State LAKE MARY		City & State LAKE MARY FL	
Zip 32773	Country SEMINOLE	Zip 32746	Country SEMINOLE
4. FEI Number 010636636		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DIXON, TEE 141 CHAUKEE LANE NORTH, SUITE 0 LAKE MARY, FL 32746			
7. Name and Address of New Registered Agent Name MARC DIXON Street Address (P.O. Box Number is Not Acceptable) 800 W. LAKE MARY BLVD City LAKE MARY FL Zip Code 32773			
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  DATE 4/28/03 Signature, typed or printed name of registered agent and date if applicable. (If CORE Registered Agent signature required, attach separate statement.)			
			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIXON, MARC 4185 W. LAKE MARY BOULEVARD, SUITE 177 LAKE MARY, FL 32746 ☐ Delete	10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIXON, TEE 4185 W. LAKE MARY BOULEVARD, SUITE 177 LAKE MARY, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VINK - MGR 4185 W. LAKE MARY BLVD SUITE 177 LAKE MARY FL 32746 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARROYO, ENRI 4185 W. LAKE MARY BOULEVARD, SUITE 177 LAKE MARY, FL 32746 ☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 4/28/03 407.302.5966 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBERS, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CP21063 (10/02)

Attachment

44002765

L02000006208

I added The MGR NEXT
TO S. VINK Name

Phone 407.302.5966