

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90063 048 \*\*\*138.75

**DOCUMENT # L02000010784**

1. Entity Name  
PAYMENT SOLUTIONS GROUP, L.L.C.



Principal Place of Business  
1031 IVES DAIRY ROAD  
MIAMI, FL 33179

Mailing Address  
1031 IVES DAIRY ROAD  
MIAMI, FL 33179

00040549



01092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-2025252

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GRUBER, PETER G ESQ.  
9100 SOUTH DADELAND BLVD.  
ONE DATRAN CENTER, STE. 910  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	OSTROW, STUART I
STREET ADDRESS	1031 IVES DAIRY ROAD
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	MGRM
NAME	TEPPER, MARK
STREET ADDRESS	OS 251 WINFIELD ROAD
CITY-ST-ZIP	WINFIELD, IL 60190
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*please delete*

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*STUART OSTROW 4/15/08 305-914-0124*