## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 11, 2005 8:00 am Secretary of State DOCUMENT # L02000014875 1. Entity Name 02-11-2005 90139 012 \*\*\*\*50.00 FIRST PAYMENT SYSTEMS L.L.C. Principal Place of Business Mailing Address 1700 S.W. 57 AVENUE, SUITE 200 MIAMI FL 33155 6881 SW 94 AVENUE MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address 8735 SW 116 ST Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) 1st MOORE City & State 4. FEI Number Applied For City & State 35-2194688 MIAMI Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERNANDEZ, JORGE 6881 SW 84TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** City 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. SIGNATUR (NOTE: Registered Agent signature required when reinstating typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. ☐ Addition TITLE MGRM ☐ Delete TITLE Change NAME FERNANDEZ, JORGE NAME STREET ADDRESS 6881 SW 94 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 -CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TATLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**