

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

04-13-2004 90333 045 ****50.00

DOCUMENT # L02000022487					
1. Entity Name DEBITPAYMENTS.COM, LLC					
Principal Place of Business 2200 SW 10TH STREET DEERFIELD BEACH FL 33442			Mailing Address 2200 SW 10TH STREET DEERFIELD BEACH FL 33442		
2. Principal Place of Business 1560 SW 8 th Ave.		3. Mailing Address 1560 SW 8 th Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 62-1863623	
Zip 33486		Country USA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ANGEL, ALBERT ESQ 2200 SW 10TH STREET DEERFIELD BEACH FL 33442			7. Name and Address of New Registered Agent Name: Christopher D.S. Williams Street Address (P.O. Box Number is Not Acceptable): 1560 SW 8 th Ave City: Boca Raton FL Zip Code: 33486		
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 reissuing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INTERNET BILLING COMPANY 2200 S.W. 10TH ST. DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
MGRM TOCCATA, INC. 2200 S.W. 10TH STREET DEERFIELD BEACH FL 33442	☐ Delete	1560 SW 8 th Ave. Boca Raton, FL 33486	☒ Change ☐ Addition		
MGRM EISENBERG, LANCE SEC. 2200 S.W. 10TH ST. DEERFIELD BEACH FL 33442	☐ Delete		☐ Change ☐ Addition		
MGRM ANGEL, ALBERT 2200 S.W. 10TH ST. DEERFIELD BEACH FL 33442	☐ Delete		☐ Change ☐ Addition		
MGRM [Blank] [Blank] [Blank]	☐ Delete		☐ Change ☐ Addition		
MGRM [Blank] [Blank] [Blank]	☐ Delete		☐ 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)(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 # _____	