FROM :PRONTO 06 FAX NO. :3056818994

FILED
Sep 12, 2003 8:00 am
Secretary of State
04-30-2003 90175 013 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000022599

55056438

1. Entity Name
PRONTO CASH COMMUNICATIONS, LLC

[redacted]

Principal Place of Business	Mailing Address
1440 W. 23 STREET MIAMI BEACH FL 33140	1440 W. 23 STREET MIAMI BEACH FL 33140

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAILING CHANGES

4. FEI Number 11-3650942 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SEGAN, ADAM
1440 W. 23 STREET
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent
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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ADAM SEGAN 1440 W. 23 STREET MIAMI BEACH FL 33140 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (10/02)

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 REQUIRED (305) 4581999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

attachment

CABANAS & ASSOCIATES, P.A.
ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

TELEPHONE: 305-513-3639
FAX: 305-513-4122

MEMBER OF
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

55056438
#L02000022599

September 10, 2003

Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, Fl. 32314

Att.: Annual Reports Section

Referece Number: L 02000022599

Gentlemen:

Please be advised that we are the Accountants for Pronto Cash Communications LLC and your attached letter was sent to us for action.

With reference to this communication, we are returning copy of the Annual Report, where we have written the complete Federal ID No.(11-3650942) for this Corporation, which apparently, since it was a copy, did not come out legible.

We trust that you can complete your records accordingly.

Thank you for your attention to this matter.

Very truly yours,

MCabanas

Maria C. Cabanas

Enclosures

c.c.: Mr. Adam Segan, Agent for
Pronto Cash Communications LLC