## 2007 LIMITED LIABILITY COMPANY

## **FILED** ANNUAL REPORT Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # L03000042313** 1. Entity Name CARTRONICS OF AMERICA, LLC Principal Place of Business Mailing Address 1800 N.W. 79TH. AVE 1800 N.W. 79TH. AVE MIAMI, FL 33126 MIAMI, FL 33126 CR2E083 (11/05) 01252007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0432300 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHROEDER, SCOTT DO NOT WRITE 3300 PGA BLVD. SUITE 500 IN THIS SPACE PALM BEACH GARDENS, FL 33410 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 regulated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 U00000723990 Due by May 1, 2007 05/02/07-80093-012 50.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CARTRONICS HOLDINGS, LLC NAME STREET ADDRESS 1800 N.W. 79TH AVE. MIAMI, FL 33126 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath; that I am a managing member or manager of the limited liability company or the receiver or instee empowered to expect this poor as required by Chapter 608. Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

1.0