2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000042313

1. Entity Name

CARTRONICS OF AMERICA, LLC



Principal Place of Business

1800 N.W. 79TH. AVE MIAMI, FL 33126

Mailing Address

1800 N.W. 79TH. AVE MIAMI, FL 33126

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90304 001 ***277.50

30004871



01022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0432300

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, SCOTT 3300 PGA BLVD. SUITE 500 PALM BEACH GARDENS, FL 33

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PALM BEACH GARDENS, FL 33410		IN THIS SPACE
8. The above the obligat	ions of registered agent.	led office or registered agent, or both, in the State of Florida. I am familiar with, and accept
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 MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTRONICS HOLDINGS, LLC 1800 N.W. 79TH AVE. MIAMI, FL 33126	
TITLE 'NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		

11. I hereby certify that the information supplied with the 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 their 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 trusted encouvered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

DTYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER,

ING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #