2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 JUL -5 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000042330

1. Entity Name
CARTRONICS HOLDINGS, LLC

Principal Place of Business	Mailing Address
1800 N.W. 79TH AVE. MIAMI, FL 33126	1800 N.W. 79TH AVE. MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

04172006No Chg-LLC CR2E085 (11/05)

4. FEI Number
20-0432331

☐ 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 33410

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EFFRON, JEROLD
STREET ADDRESS	1800 N.W. 79TH. AVE.
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

06/19/06-90368-031- #50.00

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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 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: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE