

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026205

FILED
Apr 13, 2009
Secretary of State

Entity Name: ISO OFFSHORE MERCHANT SERVICES, L.L.C.

Current Principal Place of Business:

1801 WEST ATLANTIC AVE.
SUITE B-3
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1801 WEST ATLANTIC AVE.
SUITE B-3
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 86-1111342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLINGER, MARTIN R
980 NORTH FEDERAL HIGHWAY
SUITE 302
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WERTHEIM, JAY
Address: 14401 SOUTH MILITARY TRAIL, APT. C-107
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGRM () Delete
Name: LOEWENSTEIN, HARVEY
Address: 6517 PONDAPPLE ROAD
City-St-Zip: BOCA RATON, FL 33444

Title: MGRM (X) Delete
Name: KOZIOL, THOMAS
Address: 2246 SOUTHWEST 43RD PLACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAY WERTHEIM MGRM 04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date