04-26-2005 90017 002 ****50.00
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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 JUN -9 P 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000039412

1. Entity Name
EZ CHECK CASHING, LLC

Principal Place of Business	Mailing Address
1100 N. MIAN STREET SUITE 105 BELLE GLADE, FL 33430	1100 N. MIAN STREET SUITE 105 BELLE GLADE, FL 33430

04182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1100 N. Main Street		1100 N. Main Street	
Suite, Apt. #, etc: Belle Glade, FL 105		Suite, Apt. #, etc: 105	
City & State: Belle Glade, FL		City & State: Belle Glade, FL	
Zip: 33430	Country: Palm Bch	Zip: 33430	Country: Palm Bch

4. FEI Number: 11-3752202 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Allen Williams 4002 Rocks Pt. Place ~~West Palm Bch~~ FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			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

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: Cheryl Williams May 11, 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #