


FILED
Feb 07, 2005 8:00 am
Secretary of State

20007916

DOCUMENT # L04000040584		02-07-2005 90279 037 *****50.00	
1. Entity Name I CASH SOLUTIONS, LLC			
Principal Place of Business 5611 PADDOCK TRAIL DRIVE TAMPA, FL 33624		Mailing Address 5611 PADDOCK TRAIL DRIVE TAMPA, FL 33624	
2. Principal Place of Business 10006 N. DALE MARY Hway		3. Mailing Address 5364 Etlich Rd	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. PMB 178	
City & State Tampa FL		City & State Tampa FL 33624	
Zip 33618		Zip 33624	
Country Hillsborough		Country Hillsborough	
4. FEI Number 201-218-900		Applied For Not Applicable	
5. Certificate of Status Desired		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 MOYA, WILLIAM H 5611 PADDOCK TRAIL DRIVE TAMPA, FL 33624		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
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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: Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 813-600-5510 2/2/05	