

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000064278

**FILED**  
**Oct 07, 2005**  
**Secretary of State**

**Entity Name:** ALFA-OMEGA CHECK CASHING CENTER LLC

**Current Principal Place of Business:**

431 SW 203 AVENUE  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

3896 DAVIE BLVD  
FORT LAUDERDALE, FL 33312 US

**Current Mailing Address:**

431 SW 203 AVENUE  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

**FEI Number:** 20-1636105      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RIZO AND DE ACOSTA  
15025 NW 77 AVE  
SUITE 137  
MIAMI LAKES, FL 33014 US

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:** RIZO AND DE ACOSTA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGRM      ( ) Delete  
**Name:** VIZCARRA, CARLOS  
**Address:** 431 SW 203 AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33029 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** CARLOS VIZCARRA

MGRM

10/07/2005

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