

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000064278

**FILED**  
**Jun 22, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

3896 DAVIE BLVD  
FORT LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

3896 DAVIE BLVD  
FORT LAUDERDALE, FL 33312 US

**New Mailing Address:**

**FEI Number:** 20-1636105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PACHECO, JOSE L  
3896 DAVIE BLVD  
FORT LAUDERDALE, FL 33312 US

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

FRAGA, ROBERTO L  
3896 DAVIE BLVD  
FORT LAUDERDALE, FL 33312 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: ROBERTO FRAGA

06/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete

Name:

Address:

City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PD ( ) Change (X) Addition

Name: FRAGA, ROBERTO L

Address: 3896 DAVIE BLVD

City-St-Zip: FORT LAUDERDALE, FL 33312 US

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: ROBERTO FRAGA

PD

06/22/2009

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