

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90092 023 ****55.00

DOCUMENT # L04000069749

1. Entity Name
AMERICAN CASH MACHINE, LLC



Principal Place of Business

**535 22ND ST S
SAINT PETERSBURG, FL 33712**

Mailing Address

**10265 ULMERTON RD
131
LARGO, FL 33771**

60040061



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122006 Chg-LLC CR2E083 (11/05)

4. FEI Number
01-0821478

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 September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SWARTS, BRAD**
STREET ADDRESS **6160 ULMERTON RD, STE 5**
CITY-ST-ZIP **CLEARWATER, FL**

TITLE **MGRV** ☐ Delete
NAME **KASS, WAYNE**
STREET ADDRESS **15774 BROOKRIDGE BLVD**
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE **ST** ☐ Delete
NAME **SWARTS, WAYNE**
STREET ADDRESS **10265 ULMERTON RD, LOT 131**
CITY-ST-ZIP **LARGO, FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **535 22ND ST S.**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **535 22ND ST S.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #