

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000079524

Entity Name: PAYONE PREPAID, LLC

**FILED**  
**Oct 10, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1 ST. JOHN'S PLACE  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

4670 LINKS VILLAGE DRIVE  
UNIT D405  
PONCE INLET, FL 32127

**Current Mailing Address:**

1 ST. JOHN'S PLACE  
ORMOND BEACH, FL 32176

**New Mailing Address:**

PO BOX 2786  
ORMOND BEACH, FL 32175

FEI Number: 26-0105553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANNING LAW OFFICE, PL  
444 SEABREEZE BLVD.  
SUITE 645  
DAYTONA BEACH, FL 32118 US

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

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: STACEY MANNING

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCGONNIGAL, RICHARD F  
Address: 1 ST. JOHN'S PLACE  
City-St-Zip: ORMOND BEACH, FL 32176

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCGONNIGAL, RICHARD F  
Address: 4670 LINKS VILLAGE DRIVE, UNIT D405  
City-St-Zip: PONCE INLET, FL 32127

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: RICHARD F. MCGONNIGAL

MGRM

10/10/2005

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