

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90008 003 \*\*\*\*55.00

<b>DOCUMENT # L04000080711</b> 1. Entity Name <b>QUICK CASH STORE, LLC</b>					
Principal Place of Business <b>2020 NW 150TH AVENUE PEMBROKE PINES, FL 33028</b>			Mailing Address <b>2020 NW 150TH AVENUE PEMBROKE PINES, FL 33028</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1886999</b>	
5. Certificate of Status Desired				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCHWEITZER, CHARLES E 1040 BAYVIEW DRIVE #320 FORT LAUDERDALE, FL 33304-2532</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWER 1 CREDIT UNION 2020 NW 150TH AVENUE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARFEL, BRIAN 696 STANTON DRIVE WESTON, FL 333263591	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRIOR, HENRY 1865 N.W. 108TH AVENUE PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Prindle, Allan 12240 SW 71 Court Pinecrest, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hope, Clifford 3405 Leigh Road Pompano Beach, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Brian Ward</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>7/8/07</u> Daytime Phone #: <u>954-571-6210</u>		

ATTACHMENT

STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION

40124701  
#L04000080711

MONEY TRANSMITTER LOCATION NOTIFICATION FORM

**INSTRUCTIONS**

- The purpose of this form is for the registrant to provide the required notice to Office that the registrant has either relocated, opened, or closed a location in Florida or has added or terminated an authorized vendor to act on behalf of the registrant.
- The registrant must file this form no later than sixty (60) days from the date that either a location opens or closes for business or an authorized vendor commences or ceases activities on behalf of the registrant.
- This form must be accompanied by a check in the amount of \$50 made payable to the Department of Financial Services when adding a single location or authorized vendor and mailed to:

Office of Financial Regulation  
200 E. Gaines Street  
Tallahassee, FL 32399-0376

**CHECK ONLY ONE:**

- ☒ Add New Location (include \$50 fee) ☐ Add New Authorized Vendor (include \$50 fee)  
☐ Terminate a Location (no fee required) ☐ Terminate an Authorized Vendor (no fee required)

1. Legal Name of Registrant: Quick Cash Store LLC  
2. Registrant's FEID #: 20-1886999 3. Registrant's File Number: 057183  
4. Legal Name of Authorized Vendor (if applicable): -  
5. Authorized Vendor's FEID #: -  
6. Name Under Which Location Conducts Business: Quick Cash Store  
7. Address: Country Sales Plaza, 1360 Weston Road  
8. City: Weston 9. St: FL 10. Zip Code: 33326  
11. Location Telephone: ( 800 ) 548-5465  
12. Date Location Commenced / Terminated Operations: July 5, 2007

**FOR PART II REGISTRANTS ONLY:**

13. Registrant's Net Worth (as calculated within 90 days of the date in question #12 above): \$ \_\_\_\_\_  
14. Date of Net Worth Calculation: \_\_\_\_\_

I, the undersigned member, principal owner, director or officer of the registrant, hereby swear / affirm that I have full authority to sign and verify this notification, that I have read this notification and have knowledge of the information stated herein, and that this notification, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

Brian Warfel Brian Warfel Director 7/2/2007  
Signature Print Name Title Date

Deposit to the Finance Regulatory Trust Fund: Account No. 4422311000000 00 001092

**SSN Section**

(For Sole Proprietors only)

Registrant's SSN # \_\_\_\_\_

Authorized Vendor's SSN # \_\_\_\_\_

ATTACHMENT

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STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION

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2. Registrant's FEID #: 20-1886999 3. Registrant's File Number: 057183  
4. Legal Name of Authorized Vendor (if applicable): -  
5. Authorized Vendor's FEID #: -  
6. Name Under Which Location Conducts Business: Quick Cash Store  
7. Address: 6450 West 21st Court  
8. City: Hialeah 9. St: FL 10. Zip Code: 33016  
11. Location Telephone: ( 800 ) 548-5465  
12. Date Location Commenced / Terminated Operations: June 29, 2007

**FOR PART II REGISTRANTS ONLY:**

13. Registrant's Net Worth (as calculated within 90 days of the date in question #12 above): \$ \_\_\_\_\_  
14. Date of Net Worth Calculation: \_\_\_\_\_

I, the undersigned member, principal owner, director or officer of the registrant, hereby swear / affirm that I have full authority to sign and verify this notification, that I have read this notification and have knowledge of the information stated herein, and that this notification, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

Brian Warfel  
SignatureBrian Warfel  
Print NameDirector  
Title7/2/07  
Date

Deposit to the Finance Regulatory Trust Fund: Account No. 4422311000000 00 001092

**SSN Section**

(For Sole Proprietors only)

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Authorized Vendor's SSN # \_\_\_\_\_