

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047980

FILED
Mar 15, 2006
Secretary of State

Entity Name: CCS MERCHANT SERVICES LLC

Current Principal Place of Business:

3299 NW BOCA RATON BLVD.
SUITE 100
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

3299 NW BOCA RATON BLVD.
SUITE 100
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREOZZI, ANTHONY L SR.
3299 NW BOCA RATON BLVD
SUITE 100
BOCA RATON, FL 33431 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDREOZZI, ANTHONY L SR.
Address: 3299 NW BOCA RATON BLVD SUITE 100
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM () Delete
Name: SHAVITZ, BERNARD
Address: 3299 NW BOCA RATON BLVD SUITE 100
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM () Delete
Name: COCHRAN, ROBERT
Address: 3299 NW BOCA RATON BLVD SUITE 100
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES:

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

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

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 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: ANTHONY ANDREOZZI

VP

03/15/2006

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