

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000080205

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA PROCESSING SYSTEMS, LLC

**Current Principal Place of Business:**

10300 SUNSET DR, STE 140  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10300 SUNSET DR, STE 140  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 06-1754022      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

AROCHA, PABLO  
14256 SW 154TH STREET  
MIAMI, FL 33177 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** DIR  
**Name:** AROCHA, PABLO  
**Address:** 14256 SW 154TH STREET  
**City-St-Zip:** MIAMI, FL 33177 US

**Title:** DIR  
**Name:** ARROCHA-WING, EDUARDO  
**Address:** 150 NW 130 AVENUE  
**City-St-Zip:** MIAMI, FL 33182 US

**Title:** DIR  
**Name:** ARAFIENA, JOHN O  
**Address:** 121 NE 204STREET, UNIT F11  
**City-St-Zip:** MIAMI GARDENS, FL 33179 US

**Title:** SEC  
**Name:** AROCHA, ANNETTE  
**Address:** 15457 SW 68 LANE  
**City-St-Zip:** MIAMI, FL 33193 US

I hereby 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:** PABLO AROCHA

MGR

05/03/2010

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