

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082420

FILED  
Mar 19, 2007  
Secretary of State

Entity Name: XTRAPAY LLC

**Current Principal Place of Business:**

950 MISSOURI AVE N.  
A  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

950 MISSOURI AVE N.  
A  
LARGO, FL 33770 US

**New Mailing Address:**

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

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

NICOLE, MCDERMOTT  
950 MISSOURI AVE N.  
LARGO, FL 33770 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: MGR ( ) Delete  
Name: BLASH LLC,  
Address: 950 N. MISSOURI AVE, STE A  
City-St-Zip: LARGO, FL 33770 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROSS-JOHNSON, IAN  
Address: 950 N. MISSOURI AVE, STE A  
City-St-Zip: LARGO, FL 33770 US

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: IAN ROSS-JOHNSON

MGRM

03/19/2007

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