

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097693

FILED  
May 20, 2009  
Secretary of State

**Entity Name:** SUNCOAST MERCHANT SERVICES, LLC

**Current Principal Place of Business:**

20950 VIA JASMINE #1  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

20950 VIA JASMINE #1  
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

GOMBERG, ANDREW  
20950 VIA JASMINE #1  
BOCA RATON, FL 33428 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: MGRM ( ) Delete  
Name: GOMBERG, ANDREW  
Address: 20950 VIA JASMINE #1  
City-St-Zip: BOCA RATON, FL 33428

Title: MGR ( ) Delete  
Name: GLADYS GOMBERG  
Address: 20950 VIA JASMINE #1  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES:**

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 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: ANDREW GOMBERG

MM

05/20/2009

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