

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078926

Entity Name: MERCHANT NET USA LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

4846 NORTH UNIVERSITY DRIVE, #193
LAUDERHILL, FL 33351

New Principal Place of Business:

Current Mailing Address:

4846 NORTH UNIVERSITY DRIVE,
#193
LAUDERHILL, FL 33351

New Mailing Address:

FEI Number: 86-1172830 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:

BILLINGS, WAYNE
3800 WEST BROWARD BLVD
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

BILLINGS, WAYNE
4846 NORTH UNIVERSITY DRIVE #193
FORT LAUDERDALE, FL 33351 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BILLINGS, WAYNE
Address: 4846 NORTH UNIVERSITY DRIVE, #193
City-St-Zip: LAUDERHILL, FL 33351

Title: MGR () Delete
Name: BILLINGS, ROSALIE
Address: 4846 NORTH UNIVERSITY DRIVE, #193
City-St-Zip: LAUDERHILL, FL 33351

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: WAYNE BILLINGS

MGR

05/01/2009

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