


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State

04-30-2008 90020 026 ****50.00
06-13-2008 90050 015 ****88.75

4

DOCUMENT # L06000095173 1. Entity Name NATIONAL MERCHANT SERVICES, LLC																													
Principal Place of Business 3216 W. COMMUNITY DRIVE JUPITER, FL 33458			Mailing Address P.O. BOX 296 JUPITER, FL 33468																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 38-3743374 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04142008 Chg-LLC CR2E083 (12/06)																									
6. Name and Address of Current Registered Agent GREENE, TODD 3216 W. COMMUNITY DR. JUPITER, FL 33458			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MGRM GREENE, TODD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3216 W. COMMUNITY DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33468</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	MGRM GREENE, TODD		STREET ADDRESS	3216 W. COMMUNITY DR.		CITY-ST-ZIP	JUPITER, FL 33468		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MGRM MICHAEL HARTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>52530 AVENITA OBREGON</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LA QUINTA, CA 92253</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	MGRM MICHAEL HARTO		STREET ADDRESS	52530 AVENITA OBREGON		CITY-ST-ZIP	LA QUINTA, CA 92253	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				14 Apr 2008 5617194682 <small>Date Daytime Phone #</small>																									