2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 07, 2009
Secretary of State

DOCUMENT# L06000103491

Entity Name: PAYMENT VENTURES LLC

Current Principal Place of Business:

4354 NW 115 COURT
DORAL, FL 33178

New Principal Place of Business:

4796 NW 104 AVE
DORAL, FL 33178

Current Mailing Address:

4354 NW 115 COURT
DORAL, FL 33178

New Mailing Address:

4796 NW 104 AVE
DORAL, FL 33178

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

Name and Address of Current Registered Agent:

SHROFF, VIKI
4354 NW 115 COURT
DORAL, FL 33178 US

Name and Address of New Registered Agent:

SHROFF, VIKI
4796 NW 104 AVE
DORAL, FL 33178 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: VIKI SHROFF 11/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHROFF, VIKI
Address: 4354 NW 115 COURT
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SHROFF, VIKI
Address: 4796 NW 104 AVE
City-St-Zip: DORAL, FL 33178

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: VIKI SHROFF MR 11/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date