

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106139

FILED
Jan 15, 2009
Secretary of State

Entity Name: PROGRESSIVE PAYMENT SYSTEMS, LLC

Current Principal Place of Business:

745 U.S. HWY ONE STE 207
N. PALM BEACH, FL 33408

New Principal Place of Business:

4440 PGA BLVD.
SUITE 600
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

745 U.S. HWY ONE STE 207
N. PALM BEACH, FL 33408

New Mailing Address:

PO BOX 700
ANGEL FIRE, NM 87710 07

FEI Number: 20-5823968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTTKAMP, MICHAEL
3260 FLANAGAN AVENUE
WEST MELBOURNE, FL 32904 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: MARTIN, DANIEL
Address: PO BOX 700
City-St-Zip: ANGEL FIRE, NM 87110

Title: MGR () Delete
Name: ROTTKAMP, DAVE
Address: 2 WYCLIFF COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR () Delete
Name: ROTTKAMP, MICHAEL
Address: 3260 FLANAGAN AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL MARTIN

MGR

01/15/2009

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