## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000010231

1241 CANDLEWOOD DR.

LAKELAND, FL 33813

Address:

City-St-Zip:

Entity Name: COPTICCASH LLC

FILED Aug 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6130 51ST STREET SOUTH SAINT PETERSBURG, FL 33715 US **Current Mailing Address: New Mailing Address:** 6130 51ST STREET SOUTH SAINT PETERSBURG, FL 33715 US FEI Number: 20-8334035 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: Name and Address of New Registered Agent: TADROS, MICHAEL S 6130 51ST STREET SOUTH ST. PETERSBURG, FL 33715 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete TADROS, MICHAEL S Name: Name: Address: 6130 51ST STREET SOUTH Address: City-St-Zip: SAINT PETERSBURG, FL 33715 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: GARAS, AHAB Name: Address: 3847 ISLAND WAY Address: City-St-Zip: SAINT PETERSBURG, FL 33705 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GARAS, TAREK Name: Name: 5965 PIER PLACE DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33813 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KATZMANN, JEREMY Name:

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.

Address:

City-St-Zip:

SIGNATURE: AHAB GARAS MGRM 08/07/2008