

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041871

Entity Name: EZPROCESS, LLC

FILED  
Mar 27, 2008  
Secretary of State

## Current Principal Place of Business:

11499 KINGSLAKE CIRCLE  
PORT SAINT LUCIE, FL 34986

## New Principal Place of Business:

10649 SW STRATTON DRIVE  
PORT SAINT LUCIE, FL 34987

## Current Mailing Address:

11499 KINGSLAKE CIRCLE  
PORT SAINT LUCIE, FL 34986

## New Mailing Address:

10649 SW STRATTON DRIVE  
PORT SAINT LUCIE, FL 34987

FEI Number: 74-3213594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BROWN, CATRINA L  
11499 KINGSLAKE CIRCLE  
PORT SAINT LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

VARGAS, ERICA  
10649 SW STRATTON DRIVE  
PORT SAINT LUCIE, FL 34987 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: ERICA VARGAS

03/27/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BROWN, CATRINA L  
Address: 11499 KINGSLAKE CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGR ( ) Delete  
Name: VARGAS, ERICA R  
Address: 3612 SW CONIBEAR STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: VARGAS, ERICA  
Address: 10649 SW STRATTON DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MGR (X) Change ( ) Addition  
Name: VARGAS, KELVIN  
Address: 10649 STRATTON DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: ERICA VARGAS

MGR

03/27/2008

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