

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000045933

**FILED**  
**Nov 22, 2008**  
**Secretary of State**

**Entity Name:** IPREPAY, LLC

**Current Principal Place of Business:**

1001 NW 163 DRIVE  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

1001 NW 163 DRIVE  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAUL D. TURNER LAW OFFICES  
1500 NORTH FEDERAL HIGHWAY, STE. 250  
FORT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

KIVILKIM, GUVEN  
1001 NW 163 DRIVE  
MIAMI, FL 33169 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: GUVEN KIVILKIM

11/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VILKIM, GUVEN K  
Address: 1001 NW 163 DRIVE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES:**

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: GUVEN KIVILKIM

MGRM

11/22/2008

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