

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051341

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: CORAL CHECK CASHING, LLC

**Current Principal Place of Business:**

10337 W. SAMPLE RD.  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

10337 W. SAMPLE RD.  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 26-0175151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

VULTAGGIO, AGOSTINO  
17782 FOXBOROUGH LN.  
BOCA RATON, FL 33496 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: MGRM ( ) Delete  
Name: SALAH, MAZEN  
Address: 4721 NW 28TH AVE.  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM ( ) Delete  
Name: VULTAGGIO, AGOSTINO  
Address: 17782 FOXBOROUGH LN.  
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM ( ) Delete  
Name: FARES, ALLAA  
Address: 11604 NW 29TH CT. APT. C5  
City-St-Zip: CORAL SPRINGS, FL 33065 US

**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: MAZEN SALAH

MGRM

03/20/2009

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