

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000099460

1. Entity Name
GLOBAL PAYMENT PROCESSING, LLC



FILED
08 DEC 22 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
210 NORTH UNIVERSITY DRIVE
#900
CORAL SPRINGS, FL 33071 US

Mailing Address
210 NORTH UNIVERSITY DRIVE
#900
CORAL SPRINGS, FL 33071 US

2. Principal Place of Business - No P.O. Box #
6600 NW 16th Street
Suite 11
City & State
Plantation, FL
Zip
33313
Country

3. Mailing Address
6600 NW 16th Street
Suite 11
City & State
Plantation, FL
Zip
33313
Country



12182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ANDERS, TERRY
210 NORTH UNIVERSTIY DRIVE
#900
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
Name
Daniel J. Stermer
Street Address (P.O. Box Number is Not Applicable)
6600 N.W. 16th Street
Suite 11
City
Plantation FL Zip Code
33313

8. 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. I am familiar with, and accept the obligation of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EDWARD, CHERRY 210 NORTH UNIVERSITY DRIVE #900 CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Receiver Daniel J. Stermer 6600 NW 16th Street, Suite 11 Plantation, FL 33313 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300139210253 12/23/08--01001--001 **372.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #