


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
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2. Principal Place of Business - No P.O. Box # <i>6600 NW 16th Street</i>	3. Mailing Address <i>6600 NW 16th Street</i>
Suite, Apt. #, etc. <i>Suite 11</i>	Suite, Apt. #, etc. <i>Suite 11</i>

12182008 Chg-LLC CR2E083 (12/06)

City & State <i>Plantation, FL</i>	City & State <i>Plantation, FL</i>
Zip <i>33313</i>	Country

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	6. Name and Address of Current Registered Agent ANDERS, TERRY 210 NORTH UNIVERSTIY DRIVE #900 CORAL SPRINGS, FL 33071
<i>MKL</i>	
7. Name and Address of New Registered Agent	
Name <i>Daniel J. Stermer</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>6600 N.W. 16th Street</i>	
Suite <i>Suite 11</i>	
City <i>Plantation</i>	State FL
Zip Code <i>33313</i>	

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	<i>MKL</i>	Make check payable to Florida Department of State
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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
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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 #: _____