

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000113363

**FILED**  
**Dec 11, 2008**  
**Secretary of State**

**Entity Name:** PAYMENTS SOLUTIONS & SERVICES L.L.C.,

**Current Principal Place of Business:**

12864 BISCAYNE BOULEVARD  
424  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12864 BISCAYNE BOULEVARD  
424  
NORTH MIAMI, FL 33181

**New Mailing Address:**

2775 NE 187TH ST REET  
326 W  
AVENTURA, FL 33180

**FEI Number:** 61-1544690      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

VELASQUEZ, LIBIA  
12864 BISCAYNE BLVD  
424  
NORTH MIAMI, FL 33181 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: LIBIA VELAZQUEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: VELASQUEZ, LIBIA  
Address: 12864 BISCAYNE BLVD SUITE 424  
City-St-Zip: NORTH MIAMI, FL 33181

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: LIBIA VELASQUEZ

MGRM

12/11/2008

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