

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113363

FILED  
Apr 07, 2009  
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:**

20533 BISCAYNE BLVD  
4930  
AVENTURA, FL 33180

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 61-1544690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VELASQUEZ, LIBIA  
12864 BISCAYNE BLVD  
424  
NORTH MIAMI, FL 33181 US

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

RAMIREZ, VICTOR  
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: VICTOR RAMIREZ

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VICTOR, RAMIREZ  
Address: 20533 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33180

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: VICTOR RAMIREZ

MGRM

04/07/2009

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