

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082558

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Entity Name:** PROCARD INFORMATION SYSTEMS LLC

**Current Principal Place of Business:**

347 BROOKHAVEN PLACE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

2454 SWEETWATER COUNTRY CLUB DR  
APOPKA, FL 32712

**Current Mailing Address:**

347 BROOKHAVEN PLACE  
LAKE MARY, FL 32746

**New Mailing Address:**

2454 SWEETWATER COUNTRY CLUB DR  
APOPKA, FL 32712

**FEI Number:** 26-3264005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASSET ARCHITECTS INC  
2441 WEST SR 426  
SUITE 1051  
OVIEDO, FL 32765 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:** MR  
**Name:** SKINNER, STEPHEN  
**Address:** 21 CLEASBY ROAD, MENSTON  
**City-St-Zip:** ILKLEY, UK LS29 6JE UK

**Title:** MR  
**Name:** PAYNE, COLIN  
**Address:** 57, 7 KILBURN PRIORY  
**City-St-Zip:** LONDON, UK NW6 5NJ UK

**Title:** MR  
**Name:** PEARSON, GARY  
**Address:** 43 BROW WOOD ROAD, BIRSTALL  
**City-St-Zip:** BATLEY, UK WF17 ORJ UK

**Title:** MR  
**Name:** WOOD, GLEN  
**Address:** 35 LONGWOOD ROAD, TINGLEY  
**City-St-Zip:** WAKEFIELD, UK WF3 1UG UK

I hereby 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:** STEPHEN SKINNER

MGRM

06/14/2011

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