

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084773

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** ELECTRONIC CARD PROCESSING, L.L.C.

**Current Principal Place of Business:**

3818 SIMMS ST  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

3818 SIMMS ST  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

WYMAN, OWEN L  
3818 SIMMS ST  
HOLLYWOOD, FL 33021 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PTS ( ) Change (X) Addition  
Name: WYMAN, OWEN L P/T/S  
Address: 3818 SIMMS ST  
City-St-Zip: HOLLYWOOD, FL 33021 US

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:** OWEN L. WYMAN

PTS

04/30/2009

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