

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000099481

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** ELECTRONIC PAYMENT VENTURE, LLC

**Current Principal Place of Business:**

55 N.E. FIFTH AVENUE  
SUITE 401  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

55 N.E. FIFTH AVENUE  
SUITE 401  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:** 26-3611882      **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:**

KLOSTY, LEE  
55 N.E. FIFTH AVENUE  
SUITE 401  
BOCA RATON, FL 33432 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: LEE KLOSTY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KLOSTY, LEE  
**Address:** 2601 HAMPTON CIRCLE NORTH  
**City-St-Zip:** DELRAY BEACH, FL 33445 US

**Title:** MGRM  
**Name:** JONES, ROBERT T  
**Address:** 2435 CONCORD CREEK TRAIL  
**City-St-Zip:** CUMMING, GA 30041 US

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: LEE KLOSTY

OWNE

01/07/2010

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