

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000021622

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** EVOLUTION PAYMENT SYSTEMS, LLC

**Current Principal Place of Business:**

100 S. POINTE  
APT. 1501  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

100 S. POINTE  
APT. 1501  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 27-0313348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOSOW, KEITH  
100 S. POINTE DR.  
APT. 1501  
MIAMI BEACH, FL 33139 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:** MGRM  
**Name:** BUTLER, AARON J  
**Address:** 1504 BAY RD. APT. 3208  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** MGRM  
**Name:** KOSOW, KEITH  
**Address:** 100 S. POINTE DR. APT. 1501  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** MGRM  
**Name:** BREIR, STEVEN  
**Address:** 100 S. POINTE DR. APT. 1501  
**City-St-Zip:** MIAMI BEACH, FL 33139

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:** KEITH KOSOW

MGM

04/28/2010

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