

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000021622

FILED  
Apr 29, 2011  
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:**

605 LINCOLN RD  
SUITE 440  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

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

**New Mailing Address:**

605 LINCOLN RD  
SUITE 440  
MIAMI BEACH, FL 33139

**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: 450 ALTON RD APT 2106  
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: AARON BUTLER

MR.

04/29/2011

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