

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061383

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** PREPAID FINANCIAL SOLUTIONS LLC

**Current Principal Place of Business:**

1537 HILLWAY RD  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 163124  
ALTAMONTE SPRINGS, FL 32716

**New Mailing Address:**

**FEI Number:** 27-0489244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINGATE, TAMMY  
1537 HILLWAY RD  
APOPKA, FL 32703 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:** REJBENI, MICHAEL  
**Address:** 1910 NW 137 TERRACE  
**City-St-Zip:** PEMBROKE PINES, FL 33028

**Title:** MGRM  
**Name:** WINGATE, TAMMY  
**Address:** 1537 HILLWAY RD  
**City-St-Zip:** APOPKA, FL 32703

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:** TAMMY WINGATE

MGRM

01/27/2010

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