# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 01, 2010**
**Secretary of State**

DOCUMENT# L09000063535

**Entity Name:** AUTOMATIC PAYMENT PROCESSING, LLC

**Current Principal Place of Business:**

3948 3RD STREET SOUTH
UNIT #153
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

3948 3RD STREET SOUTH
UNIT #153
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

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

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

DAVID, LOUIS CPA
12627 SAN JOSE BLVD.
306
JACKSONVILLE, FL 32223 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: LOUIS DAVID

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: GAINES, MARY S
Address: 3948 3RD STREET SOUTH UNIT #153
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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 Statues.

SIGNATURE: MARY SHARON GAINES MGR 10/01/2010

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