

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000046184

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** ACCESS ATM OF FLORIDA, LLC

**Current Principal Place of Business:**

6538 COLLINS AVENUE  
SUITE 413  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

7600 COLLINS AVE  
SUITE 604  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

6538 COLLINS AVENUE  
SUITE 413  
MIAMI BEACH, FL 33141

**New Mailing Address:**

7600 COLLINS AVENUE  
SUITE 604  
MIAMI BEACH, FL 33141

**FEI Number:** 27-2473756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSTON, SHARON  
7600 COLLINS AVE.  
#604  
MIAMI BEACH, FL 33141 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:** MGR  
**Name:** JOHNSTON, SHARON  
**Address:** 7600 COLLINS AVENUE, SUITE 604  
**City-St-Zip:** MIAMI BEACH, FL 33141

**Title:** MGR  
**Name:** EMS, SHANNON  
**Address:** 7600 COLLINS AVENUE, SUITE 604  
**City-St-Zip:** MIAMI BEACH, FL 33141

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:** SHARON A. JOHNSTON

SELF

04/10/2012

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