

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000092086

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

43155 MAIN STREET  
SUITE 2310-C  
NOVI, MI 48375

**New Principal Place of Business:**

23781 U S HWY 27  
SUITE 137  
LAKE WALES, FL 33859

**Current Mailing Address:**

43155 MAIN STREET  
SUITE 2310-C  
NOVI, MI 48375

**New Mailing Address:**

**FEI Number:** 27-3375894      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      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:** NAFSO, TIMOTHY R  
**Address:** 43155 MAIN STREET, SUITE 2310-C  
**City-St-Zip:** NOVI, MI 48375

**Title:** MGR  
**Name:** SHAH, NIRAV  
**Address:** 43155 MAIN STREET, SUITE 2310-C  
**City-St-Zip:** NOVI, MI 48375

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: TIMOTHY NAFSO

MGRM

04/13/2012

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