

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90035 006 ****50.00

DOCUMENT # L99000008612

1. Entity Name
COIN ACQUISITION, L.L.C.



Principal Place of Business
6300 N.E. 1ST AVENUE
3RD FLOOR
FORT LAUDERDALE, FL 33334

Mailing Address
6300 N.E. 1ST AVENUE
3RD FLOOR
FORT LAUDERDALE, FL 33334



04042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1005584

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

SADER, ROBERT L ESQ.
1901 W. CYPRESS CREEK ROAD, SUITE 4
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROSCHEMAN, ROBERT
6300 NORTHEAST FIRST AVENUE THIRD FLOOR
FORT LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROSCHEMAN, JEFFREY
6300 NORTHEAST FIRST AVENUE THIRD FLOOR
FORT LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
AGUIERO, MANUEL
6300 NORTHEAST FIRST AVENUE THIRD FLOOR
FORT LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #