## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M06000001207

Title:

Name:

Address:

City-St-Zip:

MGR

LABELLE, GEÓRGE

MIAMI, FL 33156

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9200 S. DADELAND BLVD., SUITE 705

Entity Name: VALUE PAY SERVICES LLC

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9200 S. DADELAND BLVD., SUITE 705 MIAMI, FL 33156				9200 S. DADELAND BLVD. SUITE 705 MIAMI, FL 33156		
Current Mailing Address:				New Mailing Address:		
701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131				9200 S. DADELAND BLVD. SUITE 705 MIAMI, FL 33156		
FEI Number:	33-1124422	FEI Number Applied For ( )	FEI Nun	nber Not Applicable (	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US				CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US		
	named entity e of Florida.	submits this statement for th	e purpose o	f changing its regist	ered office or registered agent, or both	
SIGNATURE:				04/09/2009		
	Electro	nic Signature of Registered A	Agent		Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	TROMBINO, R	LAND BLVD., SUITE 705		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RISI, JAN	) Delete LAND BLVD., SUITE 705 156		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	CLABBY, DEN	LAND BLVD., SUITE 705		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: ROGER TROMBINO MGR 04/09/2009