2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# M07000003779

Entity Name: BUCKEYE COMMERCIAL CHECK CASHING OF FLORIDA, LLC

Current Principal Place of Business:

7001 POST ROAD, SUITE 200
DUBLIN, OH 43016

New Principal Place of Business:

Current Mailing Address:

7001 POST ROAD, SUITE 200
DUBLIN, OH 43016

New Mailing Address:

FEI Number: 26-0270715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 ( ) Delete
Name: FRAUENBERG, JAMES H
Address: 7001 POST ROAD, SUITE 200
City-St-Zip: DUBLIN, OH 43016

Title: MGR ( ) Delete
Name: STREFF, CHAD M
Address: 7001 POST ROAD, SUITE 200
City-St-Zip: DUBLIN, OH 43016

Title: MGR ( ) Delete
Name: SAUNDERS, WILLIAM E JR.
Address: 7001 POST ROAD, SUITE 200
City-St-Zip: DUBLIN, OH 43016

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES H. FRAUENBERG MGR 01/08/2008

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