

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000004755

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Entity Name:** CAPITAL PAYMENTS PROCESSING LLC

**Current Principal Place of Business:**

1560 MICHIGAN AVE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

300 ALTON ROAD  
304  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1560 MICHIGAN AVE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

300 ALTON ROAD  
304  
MIAMI BEACH, FL 33139

**FEI Number:** 87-0808451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISTOPH, ROBERT W JR  
1560 MICHIGAN AVE  
MIAMI BEACH, FL 33139 US

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

CHRISTOPH, ROBERT W JR  
300 ALTON ROAD  
304  
MIAMI BEACH, FL 33139 US

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: ROBERT CHRISTOPH

02/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHRISTOPH, ROBERT W JR.  
Address: 1560 MICHIGAN AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR  
Name: CHRISTOPH, HUNTER  
Address: 1560 MICHIGAN AVE  
City-St-Zip: MIAMI BEACH, FL 33139

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: HUNTER CHRISTOPH

MGR

02/27/2012

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