

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001930

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

**Entity Name:** EFFECTIVE PAYMENT MANAGEMENT, LLC

**Current Principal Place of Business:**

931 VILLAGE BLVD.  
SUITE 905-159  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

931 VILLAGE BLVD.  
BUILDING 905, SUITE 159  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

931 VILLAGE BLVD.  
SUITE 905-159  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

931 VILLAGE BLVD.  
BUILDING 905, SUITE 159  
WEST PALM BEACH, FL 33409

**FEI Number:** 36-4040978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: MGRM  
Name: HEARON, WILLIAM W  
Address: 931 VILLAGE BLVD. BUILDING 905, SUITE 159  
City-St-Zip: WEST PALM BEACH, FL 33409

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: WILLIAM W. HEARON

MGRM

01/09/2010

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