

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000064

**Entity Name:** BANK CARD SYSTEMS LLC

**Current Principal Place of Business:**

5401 NE 2ND AVE  
MIAMI, FL 33137

**FILED**  
**Mar 09, 2014**  
**Secretary of State**  
**CC3502928517**

**Current Mailing Address:**

5401 NE 2ND AVE  
MIAMI, FL 33137 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PRO WIRELESS SOLUTIONS LLC  
5401 NE 2ND AVE  
MIAMI, FL 33137 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name INSIGHT-PAYMENT HOLDINGS LLC  
Address 4344 LAKE LUCERN CIR  
City-State-Zip: WEST PALM BEACH FL 33409

Title MGRM  
Name PRO WIRELESS SOLUTIONS LLC  
Address 5401 NE 2ND AVE  
City-State-Zip: MIAMI FL 33137

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES LEMOINE

**OWNER**

**03/09/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date