

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000013837

**Entity Name:** ATM SOLUTIONS OF UNITED STATES, LLC

**Current Principal Place of Business:**

2716 LOIS LANE  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

2716 LOIS LANE  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 47-1255415

**Certificate of Status Desired:** No

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

HOCKENBURY, JOSEPH B  
2716 LOIS LANE  
JACKSONVILLE BEACH, FL 32250 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 HOCKENBURY, JOSEPH B  
Address 2716 LOIS LANE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AUTHORIZED MEMBER  
Name PERRELLA, CHRISTOPHER S  
Address 2716 LOIS LANE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AUTHORIZED MEMBER  
Name BRINKLEY, J.W  
Address 2716 LOIS LANE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AUTHORIZED MEMBER  
Name ZELLAR, NORMAN  
Address 2716 LOIS LANE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AUTHORIZED MEMBER  
Name FALIK, WILLIAM  
Address 2716 LOIS LANE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AUTHORIZED MEMBER  
Name INVESTMENTS LLC, ATM SOLUTION  
Address 2716 LOIS LANE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** JOSEPH HOCKENBURY

**MANAGER**

**03/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date