

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000095222

**Entity Name:** LIGHTNING CARD PROCESSING, L.L.C.

**Current Principal Place of Business:**

9417 TARA CAY DRIVE  
SEMINOLE, FL 33776

**Current Mailing Address:**

9417 TARA CAY DRIVE  
SEMINOLE, FL 33776 US

**FEI Number:** 46-3170771

**Certificate of Status Desired:** No

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

GASSMAN, ALAN S  
1245 COURT STREET SUITE 102  
CLEARWATER, FL 33756 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 MGR  
Name LUKAS, KIM  
Address 9417 TARA CAY DRIVE  
City-State-Zip: SEMINOLE FL 33776

*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:** KIM LUKAS

MGR

04/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date