

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059768

Entity Name: CERTIPAY AMERICA, LLC**Current Principal Place of Business:**130 BATES AVE SW SUITE 101
WINTER HAVEN, FL 33880**Current Mailing Address:**130 BATES AVE SW SUITE 101
WINTER HAVEN, FL 33880 US**FEI Number:** 20-2999905**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEITH, WILLIAM C
130 BATES AVE SW SUITE 101
WINTER HAVEN, FL 33880 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	TRIMBLE, ROB
Address	130 BATES AVE SW SUITE 101
City-State-Zip:	WINTER HAVEN FL 33880

Title	MGRM
Name	WILSON, DENNY
Address	130 BATES AVE SW SUITE 101
City-State-Zip:	WINTER HAVEN FL 33880

Title	MGR
Name	RUGGIERI, MARK
Address	130 BATES AVE SW SUITE 101
City-State-Zip:	WINTER HAVEN FL 33880

Title	MGR
Name	KNIGHT, JAMES
Address	130 BATES AVE SW SUITE 101
City-State-Zip:	WINTER HAVEN FL 33880

Title	CFO
Name	KEITH, WILLIAM C
Address	130 BATES AVE SW SUITE 101
City-State-Zip:	WINTER HAVEN FL 33880

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: WILLIAM C. KEITH

CFO

04/07/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date