

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000025137

**Entity Name:** MERCHANT SERVICE PAYMENTS, LLC**Current Principal Place of Business:**600 8TH AVE WEST  
SUITE 203  
PALMETTO, FL 34221**Current Mailing Address:**PO BOX 819  
PALMETTO, FL 34220 US**FEI Number:** 20-8579402**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KAUZLARICH, EUGENE S  
600 8TH AVENUE WEST  
# 203  
PALMETTO, FL 34221 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	MANAGING MEMBER
Name	KAUZLARICH, EUGENE S
Address	305 8TH AVENUE EAST
City-State-Zip:	PALMETTO FL 34221
Title	AUTHORIZED MEMBER
Name	JOHANNINGMEIER, ADAM A.
Address	1408 3RD STREET CIRCLE EAST
City-State-Zip:	PALMETTO FL 34221

Title	AUTHORIZED MEMBER
Name	KAUZLARICH, JULIE
Address	305 8TH AVENUE EAST
City-State-Zip:	PALMETTO FL 34221
Title	AUTHORIZED MEMBER
Name	JOYCE, JAMES M
Address	7126 48TH AVENUE EAST
City-State-Zip:	PALMETTO FL 34221

*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:** EUGENE KAUZLARICH

MANAGING MEMBER

04/30/2020

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