

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025137

Entity Name: MERCHANT SERVICE PAYMENTS, LLC**Current Principal Place of Business:**305 8TH AVE EAST
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
305 8TH AVE EAST
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	KAUZLARICH, JULIE
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	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 S. KAUZLARICH

MANAGING MEMBER

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date