

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000103237

Entity Name: PAYSMART USA, LLC**Current Principal Place of Business:**400 INTERNATIONAL PARKWAY
SUITE 150
LAKE MARY, FL 32746**Current Mailing Address:**400 INTERNATIONAL PARKWAY
SUITE 150
LAKE MARY, FL 32746 US**FEI Number:** 20-3973860**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES, FRANK T
400 INTERNATIONAL PARKWAY
SUITE 150
LAKE MARY, FL 32746 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 ELMER, CHRISTOPHER A
Address 400 INTERNATIONAL PARKWAY
SUITE 150
City-State-Zip: LAKE MARY FL 32746

Title PRESIDENT
Name JONES, FRANK T
Address 400 INTERNATIONAL PARKWAY
SUITE 150
City-State-Zip: LAKE MARY FL 32746

Title TREASURER
Name FERGUSON, MELISSA D
Address 400 INTERNATIONAL PARKWAY
SUITE 150
City-State-Zip: LAKE MARY FL 32746

Title ASST. SECRETARY
Name ELLIS, ANDREA
Address 400 INTERNATIONAL PARKWAY
SUITE 150
City-State-Zip: LAKE MARY FL 32746

Title MGR
Name BAKER, DODI
Address 400 INTERNATIONAL PARKWAY
SUITE 150
City-State-Zip: LAKE MARY FL 32746

Title VP
Name JENKINS, ROBIN E
Address 400 INTERNATIONAL PARKWAY
SUITE 150
City-State-Zip: LAKE MARY FL 32746

Title SECRETARY
Name MALLORY, ANGELA R
Address 400 INTERNATIONAL PARKWAY
SUITE 150
City-State-Zip: LAKE MARY FL 32746

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: FRANK JONES

PRESIDENT

02/14/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date