#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000132785

Entity Name: STRATEGIC PAYMENT SYSTEMS, LLC.

FILED
Apr 07, 2024
Secretary of State
7261355964CC

# **Current Principal Place of Business:**

7120 TRADITION COVE LANE, EAST WEST PALM BEACH, FL, 33412

# **Current Mailing Address:**

2 BLACKBURN PLACE SUMMIT, NJ 07901 US

FEI Number: 90-0783037 Certificate of Status Desired: No

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

CHERNUCHIN, LYNN 7120 TRADITION COVE LANE, EAST WEST PALM BEACH, FL 33412 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 CHERNUCHIN, LYNN
Address 2 BLACKBURN PLACE
City-State-Zip: SUMMIT NJ 07901

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: LYNN P CHERNUCHIN

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM** 

04/07/2024