

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000099197

**Entity Name:** GRAND PAYMENT SERVICES, LLC

**Current Principal Place of Business:**

19650 SW 207 AVE  
MIAMI, FL 33187

**Current Mailing Address:**

19650 SW 207 AVE  
MIAMI, FL 33187 US

**FEI Number:** 46-0752346

**Certificate of Status Desired:** No

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

JAMES ACCOUNTING & TAX PRACTICE, PA  
9100 S DADELAND BLVD.  
SUITE 1500  
MIAMI, FL 33156 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 THE DM LIFE INTEREST TRUST  
Address 15 A STREET  
KINGS PARK  
City-State-Zip: BELIZE CITY

*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:** DAVID MITCHELL

**MANAGER**

**02/27/2024**

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

\_\_\_\_\_  
Date