

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000120611

**Entity Name:** WILTON PAYMENTS LLC

**Current Principal Place of Business:**

340 ROYAL POINCIANA WAY  
C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A.  
PALM BEACH, FL 33480

**Current Mailing Address:**

340 ROYAL POINCIANA WAY  
C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A.  
PALM BEACH, FL 33480

**FEI Number:** 46-3548247

**Certificate of Status Desired:** No

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

HANLON, M. TIMOTHY  
340 ROYAL POINCIANA WAY, SUITE321  
PALM BEACH, FL 33480 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	P, T, S	Title	VP
Name	O'NEILL, CHRISTOPHER	Name	BERNADOTTE, MADELEINE
Address	C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A. 340 ROYAL POINCIANA WAY SUITE 321	Address	C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A. 340 ROYAL POINCIANA WAY SUITE321
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	PALM BEACH FL 33480

*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:** CHRISTOPHER O'NEILL

P

04/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date