

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000120611

**Entity Name:** WILTON PAYMENTS LLC

**Current Principal Place of Business:**

C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A.  
340 ROYAL POINCIANA WAY SUITE321  
PALM BEACH, FL 33480

**Current Mailing Address:**

C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A.  
340 ROYAL POINCIANA WAY SUITE321  
PALM BEACH, FL 33480 US

**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 AUTHORIZED REPRESENTATIVE  
Name HANLON, TIMOTHY M.  
Address C/O ALLEY, MAASS, ROGERS & AMP;  
LINDSAY, P.A.  
340 ROYAL POINCIANA WAY SUITE  
321  
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:** TIMOTHY HANLON

**AUTHORIZED  
REPRESENTATIVE**

**04/27/2021**

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

\_\_\_\_\_  
Date