

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000151293

**Entity Name:** NORTH AMERICAN PAYMENT SYSTEMS LLC

**Current Principal Place of Business:**

4995 NW 72ND AVENUE  
307  
MIAMI, FL 33166

**Current Mailing Address:**

4995 NW 72ND AVENUE  
307  
MIAMI, FL 33166 US

**FEI Number:** 47-4803175

**Certificate of Status Desired:** No

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

RAJAKARIAR, ZULFIE R  
4995 NW 72ND AVENUE  
307  
MIAMI, FL 33166 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:** ZULFIE RAJAKARIAR

11/04/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	RAJAKARIAR, ZULFIE R	Name	RUIZ, JONATHAN
Address	4995 NW 72ND AVENUE 307	Address	4995 NW 72ND AVENUE 307
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

*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:** ZULFIE R RAJAKARIAR

**MEMBER**

11/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date