#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000151293

Entity Name: NORTH AMERICAN PAYMENT SYSTEMS LLC

FILED
Apr 25, 2019
Secretary of State
1255051890CC

## **Current Principal Place of Business:**

233 EAST FLAGLER STREET MIAMI, FL 33131

# **Current Mailing Address:**

233 EAST FLAGLER STREET MIAMI, FL 33131 US

FEI Number: 47-4803175 Certificate of Status Desired: No

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

RAJAKARIAR, ZULFIE R 233 EAST FLAGLER STREET MIAMI, FL 33131 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 04/25/2019

Electronic Signature of Registered Agent

Date

### Authorized Person(s) Detail:

Title MANAGER

Name RAJAKARIAR, ZULFIE R
Address 223 EAST FLAGLER STREET

City-State-Zip: MIAMI FL 33131

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.