

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000162500

**Entity Name:** E&E PAYMENT SERVICES LLC

**Current Principal Place of Business:**

8919 SW 86TH LOOP  
OCALA, FL 34481-9804

**Current Mailing Address:**

8919 SW 86TH LOOP  
OCALA, FL 34481-9804 US

**FEI Number:** 81-3764476

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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            PRESIDENT  
Name            ESPOSITO, CHRISTOPHER P  
Address        8919 SW 86TH LOOP  
City-State-Zip: Ocala FL 34481-9804

*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 ESPOSITO

**PRESIDENT**

**02/21/2024**

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

\_\_\_\_\_  
Date