

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000173446

**Entity Name:** PAYMENT PRINTER LLC**Current Principal Place of Business:**5764 N. ORANGE BLOSSOM TRL #9977  
ORLANDO, FL 32810**Current Mailing Address:**5764 N. ORANGE BLOSSOM TRL 9977  
ORLANDO, FL 32810 US**FEI Number:** 82-1080841**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARDI, CHRISTOPHER A  
5764 N. ORANGE BLOSSOM TRL 9977  
ORLANDO, FL 32810 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	TREASURER
Name	CARDI, CHRISTOPHER A.
Address	5764 N. ORANGE BLOSSOM TRL 9977
City-State-Zip:	ORLANDO FL 32810

Title	PRESIDENT
Name	CARDI, CHRISTOPHER A.
Address	5764 N. ORANGE BLOSSOM TRL 9977
City-State-Zip:	ORLANDO FL 32810

Title	SECRETARY
Name	CARDI, CHRISTOPHER A.
Address	5764 N. ORANGE BLOSSOM TRL 9977
City-State-Zip:	ORLANDO FL 32810

*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 A. CARDI AS PRESIDENT

PRESIDENT

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date