

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000086297

Entity Name: BRYTE PAYMENT SOLUTIONS, LLC

Current Principal Place of Business:

6440 SOUTHPOINT PKWY - STE. 110
JACKSONVILLE, FL 32216

Current Mailing Address:

6440 SOUTHPOINT PKWY - STE. 110
JACKSONVILLE, FL 32216

FEI Number: 82-1242247

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FELTS, JASON
6440 SOUTHPOINT PKWY - STE. 110
JACKSONVILLE, FL 32216 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	MGRM	Title	AUTHORIZED REPRESENTATIVE
Name	FELTS, JASON	Name	HUMPHREY , DAVID
Address	6440 SOUTHPOINT PARKWAY, SUITE 140	Address	6440 SOUTHPOINT PARKWAY, SUITE 140
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216

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: JASON A FELTS

CEO

03/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date