

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000086297

**Entity Name:** BRYTE PAYMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

6440 SOUTHPOINT PKWY - STE. 140  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6440 SOUTHPOINT PKWY - STE. 140  
JACKSONVILLE, FL 32216 US

**FEI Number:** 82-1242247

**Certificate of Status Desired:** No

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

FELTS, JASON  
6440 SOUTHPOINT PKWY - STE. 140  
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**

**02/06/2024**

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

\_\_\_\_\_  
Date