

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000257671

**Entity Name:** TRUST PAYMENT SYSTEMS, LLC

**Current Principal Place of Business:**

2726 NW 98 TERRACE  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

2726 NW 98 TERRACE  
CORAL SPRINGS, FL 33065

**FEI Number: 82-3779247**

**Certificate of Status Desired:** No

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

GUERRA, ALFONSO  
5511 N UNIVERSITY DRIVE  
101  
CORAL SPRINGS, FL 33067 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 P  
Name LIZARAZO, DIANA  
Address 2726 NW 98 TERRACE  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** DIANA LIZARAZO

**PRESIDENT**

**01/21/2020**

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

\_\_\_\_\_  
Date