

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000002716

Entity Name: BENDIX PAYMENT SOLUTIONS, LLC**Current Principal Place of Business:**317 GEORGE ST, STE. 209
NEW BRUNSWICK, NJ 08901**Current Mailing Address:**317 GEORGE ST, STE. 209
NEW BRUNSWICK, NJ 08901**FEI Number:** 35-2468933**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
3030 N ROCKY POINT DR.
SUITE 150A
TAMPA, FL 33607 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	MGR
Name	GEORGE, LESLIE R
Address	317 GEORGE ST, STE. 209
City-State-Zip:	NEW BRUNSWICK NJ 08901

Title	P
Name	KORNGUT, HENRI
Address	317 GEORGE ST, STE. 209
City-State-Zip:	NEW BRUNSWICK NJ 08901

Title	S
Name	HOLZBERG, STEVEN
Address	317 GEORGE ST, STE. 209
City-State-Zip:	NEW BRUNSWICK NJ 08901

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: LESLIE GEORGE

MGR

03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date