

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000012949

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

**Current Principal Place of Business:**

1145NE DOUBLOON DR  
BOXINF  
STUART, FL 34996

**Current Mailing Address:**

1145NE DOUBLOON DR  
BOXINF  
STUART, FL 34996 US

**FEI Number:** 26-1897996

**Certificate of Status Desired:** No

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

BARRY, RICHMAN  
1145NE DOUBLOON DR  
BOXINF  
STUART, FL 34996 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 MR  
Name RICHMAN, BARRY  
Address 1145NE DOUBLOON DR  
BOXINF  
City-State-Zip: STUART FL 34996

*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:** BARRY RICHMAN

MANAGER

04/22/2025

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

\_\_\_\_\_  
Date