

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068417

Entity Name: CLEAR PAYMENT SOLUTIONS, LLC

Current Principal Place of Business:

7220 FINANCIAL WAY DRIVE
SUITE 300
JACKSONVILLE, FL 32256

Current Mailing Address:

7220 FINANCIAL WAY DRIVE
SUITE 300
JACKSONVILLE, FL 32256 US

FEI Number: 35-2342283

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name MORRIS, JOHN A.
Address 7220 FINANCIAL WAY DRIVE
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name ALIAS, SHALER V.
Address 7220 FINANCIAL WAY DRIVE
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name MURPHY, TIMOTHY
Address 7220 FINANCIAL WAY DRIVE
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

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: JOHN A. MORRIS

MANAGER

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date