

**2023 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	Title	MANAGER
Name	ALIAS, SHALER V	Name	MORRIS, JOHN A
Address	3 WEST PACES FERRY ROAD, SUITE 200	Address	3 WEST PACES FERRY ROAD, SUITE 200
City-State-Zip:	ATLANTA GA 30305	City-State-Zip:	ATLANTA GA 30305
Title	MANAGER		
Name	MURPHY, TIMOTHY		
Address	3 WEST PACES FERRY ROAD, SUITE 200		
City-State-Zip:	ATLANTA GA 30305		

*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**

**02/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date