

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068417

**Entity Name:** CLEAR PAYMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

8705 PERIMETER PARK BLVD.  
SUITE 4  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

8705 PERIMETER PARK BLVD.  
SUITE 4  
JACKSONVILLE, FL 32216 US

**FEI Number:** 35-2342283

**Certificate of Status Desired:** No

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

BUSS, ADAM J.  
50 N. LAURA STREET  
SUITE 2600  
JACKSONVILLE, FL 32202 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:** ADAM J. BUSS

01/12/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: CEO  
Name: HOWARD, DOFFIE  
Address: 8705 PERIMETER PARK BLVD.  
SUITE 4  
City-State-Zip: JACKSONVILLE FL 32216

*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:** DOFFIE HOWARD

CHIEF EXECUTIVE  
OFFICER

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date