

**2019 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:**

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

01/18/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: EVP  
Name: YORK, THOMAS  
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:** THOMAS YORK

EXECUTIVE VICE  
PRESIDENT

01/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date