## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000039069

**Entity Name: MARITIME PAYMENT SOLUTIONS LLC** 

Current Principal Place of Business:

2608 W KENOSHA PMB 800

BROKEN ARROW, OK 74012

**Current Mailing Address:** 

2608 WEST KENOSHA 800

BROKEN ARROW, OK 74012 US

FEI Number: 45-4919194 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 3458 LAKESHORE DRIVE TALLAHASSEE, FL 32312 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

02/04/2025

Date

FILED Feb 04, 2025

**Secretary of State** 

7856490913CC

## Authorized Person(s) Detail:

Title MANAGER

Name MERRICK, ROBERT E JR.
Address 5001 E 68TH STREET

SUITE 500

SIGNATURE: ROBERT MERRICK

City-State-Zip: TULSA OK 74136

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.

**CFO** 

Electronic Signature of Signing Authorized Person(s) Detail