

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000169186

Entity Name: STRATUS PAYMENT SOLUTIONS, LLC

Current Principal Place of Business:

495 GRAND BOULEVARD
SUITE 206
MIRAMAR BEACH, FL 32550

Current Mailing Address:

495 GRAND BOULEVARD
SUITE 206
MIRAMAR BEACH, FL 32550 US

FEI Number: 47-2422381

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 MEMBER
Name ELECTRONIC PAYMENT PROVIDERS, LLC
Address 495 GRAND BOULEVARD SUITE 206
City-State-Zip: MIRAMAR BEACH FL 32550

Title CEO
Name MORRIS, JOHN A.
Address 495 GRAND BOULEVARD SUITE 206
City-State-Zip: MIRAMAR BEACH FL 32550

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

CHIEF EXECUTIVE OFFICER

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date