

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000169186

**FILED  
Aug 22, 2023  
Secretary of State  
1477243268CC**

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

**Current Principal Place of Business:**

3 WEST PACES FERRY RD  
SUITE 200  
ATLANTA, FL 30305

**Current Mailing Address:**

3 WEST PACES FERRY RD  
SUITE 200  
ATLANTA, FL 30305 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 8800 E RAINTREE DR SUITE 210  
City-State-Zip: SCOTTSDALE AZ 85260

Title CEO  
Name MORRIS, JOHN A.  
Address 3 WEST PACES FERRY RD SUITE 200  
City-State-Zip: ATLANTA FL 30305

Title PRESIDENT  
Name ALIAS, SHALER V.  
Address 3 WEST PACES FERRY RD SUITE 200  
City-State-Zip: ATLANTA FL 30305

Title CFO  
Name MURPHY, TIMOTHY  
Address 3 WEST PACES FERRY RD SUITE 200  
City-State-Zip: ATLANTA FL 30305

Title SECRETARY  
Name DEMPSEY, TYLER B.  
Address 3 WEST PACES FERRY RD SUITE 200  
City-State-Zip: ATLANTA FL 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:** TYLER B. DEMPSEY

**SECRETARY**

**08/22/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date