## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000173446

**Entity Name: PAYMENT PRINTER LLC** 

**Current Principal Place of Business:** 

5764 N. ORANGE BLOSSOM TRL #9977

ORLANDO, FL 32810

**Current Mailing Address:** 

5764 N. ORANGE BLOSSOM TRL 9977 ORLANDO. FL 32810 US

FEI Number: 82-1080841 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARDI, CHRISTOPHER A 5764 N. ORANGE BLOSSOM TRL 9977 ORLANDO, FL 32810 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 TREASURER Title PRESIDENT

Name CARDI, CHRISTOPHER A. Name CARDI, CHRISTOPHER A.

Address 5764 N. ORANGE BLOSSOM TRL 9977 Address 5764 N. ORANGE BLOSSOM TRL 9977

City-State-Zip: ORLANDO FL 32810 City-State-Zip: ORLANDO FL 32810

Title SECRETARY

Name CARDI, CHRISTOPHER A.

Address 5764 N. ORANGE BLOSSOM TRL 9977

City-State-Zip: ORLANDO FL 32810

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: CHRISTOPHER A. CARDI, AS PRESIDENT

**PRESIDENT** 

04/30/2024

FILED Apr 30, 2024

**Secretary of State** 

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