2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2018
Secretary of State
CC1092628827

DOCUMENT# L17000204586

Entity Name: CARD ASSOCIATION PAYMENT EXPERTS LLC

Current Principal Place of Business:

866 SORRENTO ROAD
JACKSONVILLE, 32207

Current Mailing Address:

866 SORRENTO ROAD
JACKSONVILLE, 32207 UN

FEI Number: 82-2995475

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAHAM, DAVID G
866 SORRENTO ROAD
JACKSONVILLE, FL 32207 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	MGR
Name	GRAHAM, DAVID G
Address	866 SORRENTO ROAD
City-State-Zip:	JACKSONVILLE FL 32207

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: DAVID G. GRAHAM MGR 04/05/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date