

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000100160

Entity Name: STX PAYMENTS, LLC**Current Principal Place of Business:**6545 CORPORATE CENTER BLVD
260
ORLANDO, FL 32822**Current Mailing Address:**6545 CORPORATE CENTER BLVD
260
ORLANDO, FL 32822**FEI Number:** 82-5250521**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WIHELM, JAMES A
6545 CORPORATE CENTER BLVD
260
ORLANDO, FL 32822 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	AMBR
Name	WILHELM, JAMES A
Address	6545 CORPORATE CENTER BLVD, SUITE 260
City-State-Zip:	ORLANDO FL 32822

Title	AMBR
Name	MASON, JEFF
Address	6545 CORPORATE CENTER BLVD, SUITE 260
City-State-Zip:	ORLANDO FL 32822

Title	AMBR
Name	PYSOLA, DONALD
Address	109 DOUBLETREE DRIVE
City-State-Zip:	VENETIA PA 15367

Title	AMBR
Name	MAPLE, RENEE
Address	6545 CORPORATE CENTER BLVD, SUITE 260
City-State-Zip:	ORLANDO FL 32822

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: JEFF MASON**MANAGER****03/10/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date