

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000013229

**Entity Name:** CASIOLA PAYMENTS LLC

**Current Principal Place of Business:**

6751 FORUM DR  
230  
ORLANDO, FL 32821

**Current Mailing Address:**

PO BOX 22414  
ORLANDO, FL 32830

**FEI Number: 87-4392393**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CASIOLA LLC  
6751 FORUM DRIVE  
SUITE 230  
ORLANDO, FL 32821 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 GOEDHEID, DENNIS  
Address PO BOX 22414  
City-State-Zip: ORLANDO FL 32830

Title MGR  
Name LESTER, MICHAEL A  
Address PO BOX 22414  
City-State-Zip: ORLANDO FL 32830

*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: MICHAEL LESTER**

**CFO**

**01/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date