

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000002327

**Entity Name:** REALNET PAYMENTS LLC

**Current Principal Place of Business:**

4900 WEST BROWN DEER ROAD  
MILWAUKEE , WI 53223

**Current Mailing Address:**

4900 WEST BROWN DEER ROAD  
MILWAUKEE , WI 53223 US

**FEI Number:** 61-1478458

**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           MANAGER  
Name           MARRACCINI, NORMAN  
Address        4900 WEST BROWN DEER ROAD  
City-State-Zip: MILWAUKEE WI 53223

Title           MANAGER  
Name           KRESSE, MICHAEL  
Address        4900 WEST BROWN DEER ROAD  
City-State-Zip: MILWAUKEE WI 53223

*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:** NORMAN MARRACCINI

**MANAGER**

**03/08/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date