

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000004288

Entity Name: NCR PAYMENT SOLUTIONS, FL, LLC**Current Principal Place of Business:**316 S. BAYLEN ST.
SUITE 590
PENSACOLA, FL 32502**Current Mailing Address:**316 S. BAYLEN ST.
SUITE 590
PENSACOLA, FL 32502 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MEMBER
Name NCR PAYMENT SOLUTIONS CORPORATION
Address 316 S. BAYLEN ST.
SUITE 590
City-State-Zip: PENSACOLA FL 32502

Title MEMBER
Name DUGAN, BRIAN
Address 316 S. BAYLEN ST.
SUITE 590
City-State-Zip: PENSACOLA FL 32502

Title MEMBER
Name DAVIDSON, PETER
Address 316 S. BAYLEN ST.
SUITE 590
City-State-Zip: PENSACOLA FL 32502

Title MEMBER
Name MEHOCHKO, DIANA
Address 316 S. BAYLEN ST.
SUITE 590
City-State-Zip: PENSACOLA FL 32502

Title MEMBER
Name TROFINO, ED
Address 316 S. BAYLEN ST.
SUITE 590
City-State-Zip: PENSACOLA FL 32502

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: PETER DAVIDSON

MEMBER

09/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date