

2023 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:** 81-2280449**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	864 SPRING STREET NW.
City-State-Zip:	ATLANTA GA 30308

Title	MEMBER
Name	MEHOCHKO, DIANA
Address	864 SPRING STREET NW
City-State-Zip:	ATLANTA GA 30308

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: BRIAN DUGAN

MEMBER

02/22/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date