2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2022
Secretary of State
8452526836CC

DOCUMENT# M17000000186

Entity Name: SIGHTLINE PAYMENTS, LLC

Current Principal Place of Business:

6750 VIA AUSTI PKWY
SUITE 130
LAS VEGAS, NV 89119

Current Mailing Address:

6750 VIA AUSTI PKWY
SUITE 130
LAS VEGAS, NV 89119 US

FEI Number: 26-2507943

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	MANAGER CO-CEO	Title	MANGER CO-CEO
Name	PAPPANO, JOSEPH A.	Name	SATTAR, OMER F.
Address	6750 VIA AUSTI PKWY SUITE 130	Address	6750 VIA AUSTI PKWY SUITE 130
City-State-Zip:	LAS VEGAS NV 89119	City-State-Zip:	LAS VEGAS NV 89119
Title	MANAGER CFO	Title	MANAGER COO
Name	GRONEN, JOHN R.	Name	SEARS, THOMAS M.
Address	6750 VIA AUSTI PKWY SUITE 130	Address	6750 VIA AUSTI PKWY SUITE 130
City-State-Zip:	LAS VEGAS NV 89119	City-State-Zip:	LAS VEGAS NV 89119
Title	DIRECTOR	Title	DIRECTOR
Name	CHAMBERS, ELIZABETH G.	Name	CRUZ, CHRISTOPHER N.
Address	6750 VIA AUSTI PKWY SUITE 130	Address	6750 VIA AUSTI PKWY SUITE 130
City-State-Zip:	LAS VEGAS NV 89119	City-State-Zip:	LAS VEGAS NV 89119
Title	DIRECTOR	Title	DIRECTOR
Name	DUCOMMUN, DAVID W.	Name	FOLEY II, WILLIAM P.
Address	6750 VIA AUSTI PKWY SUITE 130	Address	6750 VIA AUSTI PKWY SUITE 130
City-State-Zip:	LAS VEGAS NV 89119	City-State-Zip:	LAS VEGAS NV 89119

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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: JOHN R. GRONEN MANAGER 04/23/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	DIRECTOR
Name	KORTSCHAK, WALTER G.
Address	6750 VIA AUSTI PKWY SUITE 130
City-State-Zip:	LAS VEGAS NV 89119