

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000000665

**FILED  
Mar 31, 2022  
Secretary of State  
5766358361CC**

**Entity Name:** CTS INFORMATION SERVICES, LLC

**Current Principal Place of Business:**

2601 CATTLEMEN RD  
SUITE 104  
FORT LAUDERDALE, FL 34232

**Current Mailing Address:**

2601 CATTLEMEN RD  
SUITE 104  
SARASOTA, FL 34232 US

**FEI Number:** 46-2846855

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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           RICHARDSON, GEX  
Address        2601 CATTLEMEN RD  
                  SUITE 104  
City-State-Zip: FORT LAUDERDALE FL 34232

Title           MANAGER  
Name           BECK, ADAM  
Address        2601 CATTLEMEN RD  
                  SUITE 104  
City-State-Zip: FORT LAUDERDALE FL 34232

Title           MEMBER  
Name           INSUREPAY HOLDINGS INC  
Address        2601 CATTLEMEN RD  
                  SUITE 104  
City-State-Zip: FORT LAUDERDALE FL 34232

*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:** GEX RICHARDSON

**MANAGER**

**03/31/2022**

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

\_\_\_\_\_  
Date