

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000021076

Entity Name: PAYMENT PLANS PLUS, LLC

Current Principal Place of Business:

1800 OLD OKEECHOBEE ROAD
SUITE 200A
WEST PALM BEACH, FL 33409

Current Mailing Address:

3300 S DIXIE HWY
SUITE 1-142
WEST PALM BEACH, FL 33405 US

FEI Number: 46-4818283

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
3030 NORTH ROCKY POINT DR.
SUITE 150A
TAMPA, FL 33607 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: BILL HAVRE

05/01/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FIDELITY CAPITAL MANAGEMENT I.T.
C/O WILLIAM R. BURNS
Address 1601 BELVEDERE ROAD
SUITE S 105
City-State-Zip: W PALM BEACH FL 33406

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: WILLIAM BURNS

MGR

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date