## 2020 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: Yes

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 07/20/2020

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title OTHER

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 07/20/2020

FILED Jul 20, 2020

**Secretary of State** 

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