

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000201806

**Entity Name:** BILL PAY MANAGEMENT, LLC

**Current Principal Place of Business:**

542 NE HORRY AVE  
MADISON, FL 32340

**Current Mailing Address:**

542 NE HORRY AVE  
MADISON, FL 32340 US

**FEI Number:** 81-4354667

**Certificate of Status Desired:** No

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

FRALEIGH, DONNA H.  
542 NE HORRY AVE  
MADISON, FL 32340 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:** DONNA H FRALEIGH

01/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            FRALEIGH, DONNA H.  
Address        542 NE HORRY AVE  
City-State-Zip: MADISON FL 32340

*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:** DONNA H FRALEIGH

AMBR

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date