

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000003335

**Entity Name:** PAYPROP, LLC

**Current Principal Place of Business:**

1000 WATERFORD  
NW 57TH COURT SUITE 940  
MIAMI, FL 33126

**Current Mailing Address:**

1000 WATERFORD  
NW 57TH COURT SUITE 940  
MIAMI, FL 33126 US

**FEI Number:** 83-3194080

**Certificate of Status Desired:** No

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

SAUTTER, CHRISTIAN  
2850 NORTH ANDREWS AVENUE  
WILTON MANORS, FL 33311 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            AMBR  
Name            PAYPROP, INC.  
Address        1000 WATERFORD  
                  SUITE 940 NW 57TH COURT  
City-State-Zip: MIAMI FL 33126

Title            VP  
Name            PAPPAS, MICHAEL I  
Address        1000 WATERFORD  
                  SUITE 940 NW 57TH COURT  
City-State-Zip: MIAMI FL 33126

Title            CEO  
Name            LIEBENBERG, LOUW  
Address        1000 WATERFORD  
                  SUITE 940 NW 57TH COURT  
City-State-Zip: MIAMI FL 33126

*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:** CHRISTIAN SAUTTER

**ATTORNEY**

**03/02/2020**

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

\_\_\_\_\_  
Date