

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000225219

**Entity Name:** SETPAY LLC

**Current Principal Place of Business:**

3054 KILLEARN POINTE CT.  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

3425 BANNERMAN ROAD  
SUITE 105, BOX 213  
TALLAHASSEE, FL 32312

**FEI Number:** 84-3111429

**Certificate of Status Desired:** No

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

THARPE, KIMBERLY K  
3054 KILLEARN POINTE CT.  
TALLAHASSEE, FL 32312 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 MGR  
Name THARPE, JAMES R  
Address 3054 KILLEARN POINTE CT.  
City-State-Zip: TALLAHASSEE FL 32312

*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:** JAMES R THARPE

MGR

02/15/2023

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

\_\_\_\_\_  
Date