

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000034033

**Entity Name:** MAGNIFY PAYROLL, LLC

**Current Principal Place of Business:**

5439 TWIN CREEKS DR.  
VALRICO, FL 33596

**Current Mailing Address:**

5439 TWIN CREEKS DR.  
VALRICO, FL 33596 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MAGNIFY PAYMENTS, LLC  
5439 TWIN CREEKS DR.  
VALRICO, FL 33596 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 MBR  
Name KLJ HOLDINGS INC  
Address 136 SPRING DRIVE  
City-State-Zip: OAKDALE PA 15071

Title MBR  
Name JLL HOLDINGS INC  
Address 106 SPRINGHILL DRIVE  
City-State-Zip: OAKDALE AL 15071

Title MBR  
Name UNIVERSAL PAYMENTS SOLUTIONS, LLC  
Address 5439 TWIN CREEKS DRIVE  
City-State-Zip: VALRICO PA 33596

Title MBR  
Name PAID IN THE SHADE LLC  
Address 141 SPRINGHILL DR  
City-State-Zip: OAKDALE PA 15071

*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:** CHARLES BISHOTA

**COUNSEL FOR COMPANY** 03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date