## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000126236

**Entity Name: PAYMENT LLC** 

**Current Principal Place of Business:** 

11200 PINES BLVD STE 200

PEMBROKE PINES, FL 33026

**Current Mailing Address:** 

11200 PINES BLVD STE 200

PEMBROKE PINES, FL 33026 US

FEI Number: 36-5058390 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**DLEON INC** 11200 PINES BLVD STE 200 PEMBROKE PINES, FL 33026 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

**FILED** Apr 27, 2024

**Secretary of State** 

4621625064CC

Authorized Person(s) Detail:

Title **MGMR** Title **MGRM** 

Name PALACIOS, GUSTAVO Name GONZALEZ, ALEJANDRO CRA 52 N 66 - 16 INT 506 Address CRA 52 N 66 - 16 INT 506 Address

ITAGUI ANTIOQUIA AN 05541-0 City-State-Zip: ITAGUI ANTIOQUIA AN 05541-0 City-State-Zip:

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: GUSTAVO PALACIOS

**PRESIDENT** 

04/27/2024