

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000001189

Entity Name: PAYCARGO, LLC

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES, FL 33134

Current Mailing Address:

201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES, FL 33134 US

FEI Number: 26-3699697

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name RIEGO, EDUARDO DEL
Address 201 ALHAMBRA CIRCLE
 SUITE 711
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name BAXT, MITCHELL
Address 201 ALHAMBRA CIRCLE
 SUITE 711
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name BRANDT, LARRY
Address 201 ALHAMBRA CIRCLE
 SUITE 711
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name TICE, KEVIN
Address 201 ALHAMBRA CIRCLE
 SUITE 711
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name HARVEY, STUART
Address 201 ALHAMBRA CIRCLE
 SUITE 711
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name HINKLE, RYAN
Address 201 ALHAMBRA CIRCLE
 SUITE 711
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name LOCKHART, GENE
Address 201 ALHAMBRA CIRCLE
 SUITE 711
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name MULLEN, ADMIRAL MICHAEL
Address 201 ALHAMBRA CIRCLE
 SUITE 711
City-State-Zip: CORAL GABLES FL 33134

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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: MAYTE CABADA

GENERAL COUNSEL

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title GENERAL COUNSEL
Name CABADA, MAYTE
Address 201 ALHAMBRA CIRCLE
 SUITE 711
City-State-Zip: CORAL GABLES FL 33134