

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000003559

**Entity Name:** ONE PAY CLOUD LLC

**Current Principal Place of Business:**

16192 COASTAL HWY.  
LEWES, DE 19958

**FILED**  
**Mar 29, 2023**  
**Secretary of State**  
**9314486486CC**

**Current Mailing Address:**

16192 COASTAL HWY.  
LEWES, DE 19958 US

**FEI Number: 84-4612037**

**Certificate of Status Desired: No**

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

MICHAEL, SHVARTSMAN  
21550 BISCAYNE BLVD.  
SUITE 400  
AVENTURA, FL 33180 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:** MICHAEL SHVARTSMAN

03/29/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SHVARTSMAN, MICHAEL  
Address 21550 BISCAYNE BLVD.  
SUITE 400  
City-State-Zip: AVENTURA FL 33180

*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:** MICHAEL SHVARTSMAN

MGR

03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date