

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2100000280

**Entity Name:** PAYG, LLC

**Current Principal Place of Business:**

101 SOUTH HOOVER BLVD, STE 102  
TAMPA, FL 33609

**Current Mailing Address:**

101 SOUTH HOOVER BLVD, STE 102  
TAMPA, FL 33609 US

**FEI Number:** 45-2506576

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, PRESIDENT, AND  
                  SECRETARY  
Name           KORNMANN, BRIAN  
Address        101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title           MANAGER AND CEO  
Name           BLOSS, GEOFFREY  
Address        101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title           MANAGER AND VICE PRESIDENT  
Name           KLEIN, JESSE  
Address        101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title           MANAGER AND VICE PRESIDENT  
Name           DUNN, ROBERT C  
Address        101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title           MANAGER  
Name           CUNNINGHAM, JOHN P  
Address        101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title           MANAGER  
Name           AHEARN, FRANCIS X  
Address        101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title           TREASURER  
Name           BOROW, ELIZABETH  
Address        101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title           VP  
Name           MILBURN, CLAYTON  
Address        101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

**Continues on page 2**

*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:** DOUGLAS FECHTER

**CFO**

**04/20/2023**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title CFO  
Name FECHTER, DOUGLAS  
Address 101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609