2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90126 046 ***150.00

DOCUMENT # L00000013559

1. Entity Name
PAYO, LC

Principal Place of Business	Mailing Address
13751 NORTHWEST 4TH ST.. #107 PEMBROKE PINES FL 33028	13751 NORTHWEST 4TH ST.. #107 PEMBROKE PINES FL 33028

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13600 NW 4th STREET			
Suite, Apt. #, etc.: APT 106		Suite, Apt. #, etc.	
City & State: Pembroke Pines		City & State	
Zip: 33028	Country: BROWARD	Zip	Country

4. FEI Number: 65-1053815 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUPLESSY, MARIE Y 13751 NW 4TH STREET #107 PEMBROKE PINES FL 33028	Name Street Address (P.O. Box Number is Not Acceptable): 13600 NW 4th STREET #106 City: Pembroke Pines FL Zip Code: 33028

8. 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 X Marie Y Duplessy
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUPLESSY, MARIE 13751 NW 4TH STREET #107 PEMBROKE PINES FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13600 NW 4th STREET #106 Pembroke Pines FL 33028	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: X Marie Y Duplessy MARIE DUPLESSY X 3-15-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Sign & [illegible]