## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000033174

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

PAYBACK MANAGEMENT SOLUTIONS, LLC



## **FILED** Feb 18, 2003 8:00 am Secretary of State 02-18-2003 90325 020 \*\*\*\*55.00

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2. Principal Place o	f Business LAKP Charm Circle	3. Mailing Address	Cocolon y and an anti-	. d Arra	n D#								
Suite, Apt. #, etc.	LUKE CHAINCHU	Suite, Apt. #, etc	Copeland ar	LL MSSC	CIPA	DO NOT W	WRITE IN THIS S	SPACE					
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			Name )	<u> </u>	7. Name and Address of Current Registered Agent								
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	d entity submits this statement for registered agent.	the purpose of changing its	registered office or	registered	d agent, or b	both, in the State of	Florida. I am fa	imiliar with, and accept					
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SIGNATURE	e, typed or printed name of registered agent ar	d title if applicable					DATE						
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9.	, MANAGING MEMBER	S/MANAGERS											
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G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #