

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101014

FILED
Aug 20, 2009
Secretary of State

Entity Name: A WAY 2 GIVE & PAY, LLC

Current Principal Place of Business:

860 EAGLE VIEW DRIVE
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7614
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLS, DARRELL
860 EAGLE VIEW DRIVE
TALLAHASSEE, FL 32311 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLS, DARRELL
Address: 860 EAGLE VIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DARRELL WILLS

MGR

08/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date