

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000101014

Entity Name: A WAY 2 GIVE & PAY, LLC

**FILED**  
**May 04, 2010**  
**Secretary of State**

**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: 26-3840562      FEI Number Applied For ( )      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:**

WILLS, DARRELL  
860 EAGLE VIEW DRIVE  
TALLAHASSEE, FL 32311      US

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

WILLS, ANGELA  
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: ANGELA WILLS

05/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGR  
Name: WILLS, ANGELA  
Address: 860 EAGLE VIEW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

I hereby 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

05/04/2010

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