

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114966

FILED
Apr 30, 2009
Secretary of State

Entity Name: PAY-PLUS LLC

Current Principal Place of Business:

13059 W LINEBAUGH AVE
101
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

13059 W LINEBAUGH AVE
101
TAMPA, FL 33626

New Mailing Address:

FEI Number: 26-3891378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATES, ALTON K JR.
13059 W LINEBAUGH AVE
102
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: CATES, ALTON K JR
Address: 12904 TAR FLOWER DR
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: BLANCO, FELIX
Address: 11903 MANDEVILLA CT
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: GOLDBERG, DANIEL B
Address: 2842 SHERRY BROOK LN
City-St-Zip: LUTZ, FL 33559

Title: MGRM () Delete
Name: EATON, ERIC D
Address: 12019 MERIDIAN POINT DR
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: SCHEIDTER, MARK D
Address: 4730 WHISPERING WIND AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

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

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

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

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

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: ALTON K CATES JR

MGRM

04/30/2009

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