

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003973

Entity Name: MASTERPAY USA, LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8879 WEST COLONIAL DRIVE  
#154  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

8879 WEST COLONIAL DRIVE  
#154  
OCOE, FL 34761

**New Mailing Address:**

FEI Number: 26-4028217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SONNTAG, DEBORAH L  
8879 WEST COLONIAL DRIVE  
#154  
OCOE, FL 34761 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  
Name: SONNTAG, DEBORAH L  
Address: 8879 WEST COLONIAL DR., #154  
City-St-Zip: OCOE, FL 34761

Title: MGRM  
Name: SONNTAG, ALBERT W  
Address: 8879 WEST COLONIAL DR., #154  
City-St-Zip: OCOE, FL 34761

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: DEBORAH L SONNTAG

MGRM

04/19/2011

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