

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000027

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: PAYLOGIX LLC

**Current Principal Place of Business:**

1025 OLD COUNTRY RD., STE. 310  
WESTBURY, NY 11590

**New Principal Place of Business:**

**Current Mailing Address:**

1025 OLD COUNTRY RD., STE. 310  
WESTBURY, NY 11590

**New Mailing Address:**

FEI Number: 11-3290480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: PFADENHAUER, RICHARD  
Address: 1025 OLD COUNTRY RD., STE. 310  
City-St-Zip: WESTBURY, NY 11590

**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: RICHARD PFADENHAUER

MGRM

04/08/2009

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