

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000104162

Entity Name: PAYANT INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

1653 SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33573

Current Mailing Address:

1653 SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33573

FEI Number: 47-1249787

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW OFFICES OF JOSEPH F. PIPPEN, JR. &
ASSOCIATES, PL
1920 EAST BAY DR
LARGO, FL 33771 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

Authorized Person(s) Detail :

Title MBR
Name PAYANT, THOMAS
Address 1653 SUN CITY CENTER PLAZA
City-State-Zip: SUN CITY CENTER FL 33573

Title MBR
Name PAYANT, ROBYN
Address 1653 SUN CITY CENTER PLAZA
City-State-Zip: SUN CITY CENTER FL 33573

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS PAYANT

PRESIDENT

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date