# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000132621

Entity Name: PAYCHEX PEO I, LLC

# **Current Principal Place of Business:**

970 LAKE CARILLON DR STE 400 ST PETERSBURG, FL 33716

# **Current Mailing Address:**

911 PANORAMA TRAIL SOUTH ROCHESTER, NY 14625 US

# FEI Number: 45-3164230

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

## Authorized Person(s) Detail :

Title	PRESIDENT, MANAGER	Title	MEMBER
Name	SUKALSKI, TERRENCE	Name	PAYCHEX BUSINESS SOLUTIONS,
Address	970 LAKE CARILLON DR STE 400	Address	LLC
City-State-Zip:	ST PETERSBURG FL 33716		970 LAKE CARILLON DR STE 400
		City-State-Zip:	ST PETERSBURG FL 33716

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: SUKALSKI, TERRENCE

MANAGER

02/28/2023 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 28, 2023 Secretary of State 6715508363CC

Date

Certificate of Status Desired: No