

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000151922

**Entity Name:** PAYSOLUTIONS LLC

**Current Principal Place of Business:**

6163 MIAMI LAKES DR E  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

6163 MIAMI LAKES DR E  
MIAMI LAKES, FL 33014

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

EDWARD GARCIA, INC  
6163 MIAMI LAKES DR E  
MIAMI LAKES, FL 33014 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            AUTHORIZED MEMBER  
Name            ASSOCIATED TAX CONSULTANTS  
                    INC  
Address         6163 MIAMI LAKES DR E  
City-State-Zip: MIAMI LAKES FL 33014

*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:** EDWARD GARCIA

**AGENT**

**01/10/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date