

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000204844

**Entity Name:** MAXPAY PAWN LLC

**Current Principal Place of Business:**

646 N COMBEE ROAD  
LAKELAND, FL 33801

**Current Mailing Address:**

646 N COMBEE RD  
LAKELAND, FL 33801 US

**FEI Number: 81-4369510**

**Certificate of Status Desired: No**

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

CROOMS, KRISTY N  
2525 EAST MAIN STREET  
LAKELAND, FL 33801 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 MGR  
Name CROOMS, KRISTY N  
Address 2525 EAST MAIN STREET  
City-State-Zip: LAKELAND FL 33801

*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: KRISTY CROOMS**

**MANAGER**

**02/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date