

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000208097

**Entity Name:** 4EVAPAID LLC

**Current Principal Place of Business:**

2318 MOUNTAIN APPLE WAY  
APOPKA, FL 32712

**Current Mailing Address:**

2774 EAST COLONIAL DRIVE  
SUITE C #1207  
ORLANDO, FL 32803 US

**FEI Number:** 84-4080720

**Certificate of Status Desired:** Yes

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

CLAIRZIMON, PETER  
2774 EAST COLONIAL DRIVE  
SUITE C #1207  
ORLANDO, FL 32803 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 AP  
Name CLAIRZIMON, PETER  
Address 2774 EAST COLONIAL DRIVE SUITE C  
#1207  
City-State-Zip: ORLANDO FL 32803

*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:** PETER CLAIRZIMON

PETER CLAIRZIMON

04/30/2024

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

\_\_\_\_\_ Date