

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000000280

**Entity Name:** PAYG, LLC**Current Principal Place of Business:**101 SOUTH HOOVER BLVD, STE 102  
TAMPA, FL 33609**Current Mailing Address:**101 SOUTH HOOVER BLVD, STE 102  
TAMPA, FL 33609 US**FEI Number:** 45-2506576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MANAGER, PRESIDENT, AND SECRETARY  
Name KORNMAN, BRIAN  
Address 101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title MANAGER AND VICE PRESIDENT  
Name KLEIN, JESSE  
Address 101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title MANAGER  
Name CUNNINGHAM, JOHN P  
Address 101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title TREASURER  
Name BOROW, ELIZABETH  
Address 101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title MANAGER AND CEO  
Name BLOSS, GEOFFREY  
Address 101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title MANAGER AND VICE PRESIDENT  
Name DUNN, ROBERT C  
Address 101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title MANAGER  
Name AHEARN, FRANCIS X  
Address 101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

Title VP  
Name MILBURN, CLAYTON  
Address 101 SOUTH HOOVER BLVD, STE 102  
City-State-Zip: TAMPA FL 33609

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*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:** DOUGLAS FECHTER**CFO****04/20/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	CFO
Name	FECHTER, DOUGLAS
Address	101 SOUTH HOOVER BLVD, STE 102
City-State-Zip:	TAMPA FL 33609