

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117149

FILED
Mar 19, 2008
Secretary of State

Entity Name: PSL, LLC

Current Principal Place of Business:

2121 SW THIRD AVENUE
5TH FLOOR
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

2121 SW THIRD AVENUE
5TH FLOOR
MIAMI, FL 33129

New Mailing Address:

FEI Number: 20-3954737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDLANDER & KAMELHAIR, PL
3700 SHERIDAN STREET
SUITE P
MIAMI, FL 33021 US

Name and Address of New Registered Agent:

FRIEDLANDER & KAMELHAIR, PL
3300 N. UNIVERSITY DR.
SUITE 4
CORAL SPRINGS, FL 33065 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: _____ 03/19/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MITI HOLDINGS, LLC,
Address: 2121 SW THIRD AVENUE, 7TH FLOOR
City-St-Zip: MIAMI, FL 33129

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: PAPPAS, MICHAEL I
Address: 2121 SW 3RD AVE, 5TH FLOOR
City-St-Zip: MIAMI, FL 33129

Title: MGR () Change (X) Addition
Name: PAPPAS, TIMOTHY D
Address: 2121 SW 3RD AVE, 5TH FLOOR
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TIMOTHY PAPPAS MGR 03/19/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date