

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000054613

1. Entity Name
DOWNTOWN PSL, LLC



Principal Place of Business

**32-C SE OSCEOLA STREET
STUART, FL 34994 US**

Mailing Address

**32-C SE OSCEOLA STREET
STUART, FL 34994 US**

DO NOT WRITE IN THIS SPACE



04272006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
06-3363203

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**VITALE, STEVEN G
32-C SE OSCEOLA STREET
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VITALE, OTTO J
32-C SE OSCEOLA ST
STUART, FL 34994**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**U00000548682
05/12/06-80075-013 50.00**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Otto J. Vitale, Manager **4/28/06** **772-781-1999**