2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087285

Entity Name: ANYTIME PSL LLC

City-St-Zip:

PORT ST LUCIE, FL 34984

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 240 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984 **Current Mailing Address: New Mailing Address:** 240 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984 FEI Number: 59-3754961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VENAZIC, LINDA 9949 SW EAST BROOK CIRCLE PORT ST LUCIE, FL 34984 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete VENAZIO, LINDA Name: Name: Address: 9949 SW EAST BROOK CRL Address: City-St-Zip: PORT ST LUCIE, FL 34987 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: VENAZIO, FRED Name: Address: 9949 SW EASTBROOK CIRCLE Address: City-St-Zip: PORT ST LUCIE, FL 34984 City-St-Zip: Title: MGR () Delete Title: () Change () Addition VENAZIO, NICK Name: Name: 9949 SW EAST BROOK CIRCLE Address: Address:

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.

City-St-Zip:

SIGNATURE: LINDA VENAZIO MGRM 04/20/2009