


**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # L22000267064 1. Entity Name Prestigious Property Management Services, LLC	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 323 N.E. 6th AVE Suite, Apt. #, ect.	3. Mailing Address P.O. Box 14280 Suite, Apt. #, ect.
City & State Delray Beach, FL Zip Country 33483 USA	City & State Delray Beach, FL Zip Country 33482 USA

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11/17/23--01007--006 **138.75

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DO NOT WRITE IN THIS SPACE	4. FEI Number 88-1526124
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
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7. Name and Address of Current Registered Agent	
Name Angela P. Dean Street Address (P.O. Box Number is Not Acceptable) 3234 Quantum Lakes Drive City Boynton Beach FL Zip Code 33426	

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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>	DATE _____ E-mail Address: Prestigiouspms@gmail.com To be used for future annual report notices
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9. AUTHORIZED REPRESENTATIVES/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Angela P. Dean 323 N.E. 6th Avenue Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMBR Kristina Dean - Wright 323 N.E. 6th Avenue Delray Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMBR Curtis Pearson 323 N.E. 6th Avenue Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMBR Clarence Murphy 323 N.E. 6th Avenue Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMBR Alyssia Wright 323 N.E. 6th Avenue Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty Row)

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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 an authorized representative or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Angela P. Dean <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 10/5/2023 DayTime Phone# 561-504-9649
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Cushing, Diane

From: Cushing, Diane
Sent: Wednesday, October 4, 2023 4:10 PM
To: prestigiouspms@gmail.com
Subject: 2023 Annual Report for Prestigious Property Management Services, LLC
Attachments: doc00286620231004160141.pdf

Please send this to my Personal and Confidential Attention to

The Division of Corporations
The Centre of Tallahassee
2415 N Monroe Street, Suite 810
Tallahassee, FL 32303

Diane C. Cushing
Operations Manager A
Amendment Section
Division of Corporations
(850) 245-6913
(850) 245-6897 (Fax)

*Merger was filed without AR being filed first.
dec 11/16/23*