240 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984 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.			
: FREDERICK VENAZIO			04/07/2021
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
MGRM	Title	MRGM	
VENAZIO, FREDERICK	Name	VENAZIO, LINDA	
230 SW PORT ST LUCIE BLVD	Address	230 SW PORT ST LUCIE BLVD	
PORT ST LUCIE FL 34984	City-State-Zip:	PORT ST LUCIE FL 34984	
MRGM			
VENAZIO, NICHOLAS FREDERICK			
230 SW PORT ST LUCIE BLVD			
	ST LUCIE BLVD E, FL 34984 US entity submits this statement for the purpose of changing its re- : FREDERICK VENAZIO Electronic Signature of Registered Agent Person(s) Detail : MGRM VENAZIO, FREDERICK 230 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984 MRGM VENAZIO, NICHOLAS FREDERICK	ST LUCIE BLVD E, FL 34984 US entity submits this statement for the purpose of changing its registered office or regis : FREDERICK VENAZIO Electronic Signature of Registered Agent Person(s) Detail : MGRM Title VENAZIO, FREDERICK Name 230 SW PORT ST LUCIE BLVD Address PORT ST LUCIE FL 34984 City-State-Zip: MRGM VENAZIO, NICHOLAS FREDERICK	ST LUCIE BLVD F, FL 34984 US entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo Electronic Signature of Registered Agent Person(s) Detail : MGRM Title MRGM VENAZIO, FREDERICK Name VENAZIO, LINDA 230 SW PORT ST LUCIE BLVD Address 230 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984 City-State-Zip: PORT ST LUCIE FL 34984 MRGM VENAZIO, NICHOLAS FREDERICK

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087285

Entity Name: ANYTIME PSL LLC

Current Principal Place of Business:

230 SW PORT ST LUCIE BLVD PORT ST LUCIE. FL 34984

Current Mailing Address:

230 SW PORT ST LUCIE BLVD PORT ST LUCIE. FL 34984 US

FEI Number: 45-3727092

Name and Address of Current Registered Agent:

VENAZIO. NICHOLAS 240 S PORT

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: LINDA VENAZIO

City-State-Zip: PORT ST LUCIE FL 34984

MANAGING MEMBER

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 07, 2021 Secretary of State 6773293458CC

Certificate of Status Desired: No