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: MICHELLE ZAMBELLI

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: PROPERTY SOLUTIONS MANAGEMENT GROUP, LLC **Current Principal Place of Business:**

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

18191 NW 68TH AVENUE SUITE 202 MIAMI, FL 33015

Current Mailing Address:

DOCUMENT# L11000069747

18191 NW 68TH AVENUE SUITE 202 MIAMI, FL 33015 US

FEI Number: 45-2548425

Name and Address of Current Registered Agent:

VILA, OSCAR J 201 ALHAMBRA CIRCLE SUITE 702 CORA GABLES, FL 33134 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:

Electronic S

Authorized Person(s) D

Title	MGR	Title	MGR	
Name	ZAMBELLI, MICHELLE	Name	VILA, OSCAR J	
Address	1600 PONCE DE LEON BLVD SUITE 1037	Address	201 ALHAMBRA CIRCLE SUITE 702	
City-State-Zip:	CORAL GABLES FL 33143	City-State-Zip:	CORAL GABLES FL 33134	

Signature of Registered Agent			Date
Detail :			
	Title	MGR	
MICHELLE	Name	VILA, OSCAR J	
E DE LEON BLVD	Address	201 ALHAMBRA CIRCLE	

MANAGER

02/24/2016

Certificate of Status Desired: No

Date