

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000141017

**Entity Name:** P&PSI,LLC

**Current Principal Place of Business:**

4960 SW 52 STREET  
SUITE 403  
DAVIE, FL 33314

**Current Mailing Address:**

4960 SW 52 STREET  
SUITE 403  
DAVIE, FL 33314

**FEI Number:** 46-1399001

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VARGAS, RICHARD RSR  
4960 SW 52 STREET  
SUITE 403  
DAVIE, FL 33314 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 Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name VARGAS, RICHARD RSR  
Address 4960 SW 52 STREET SUITE 403  
City-State-Zip: DAVIE FL 33314

Title PRESIDENT  
Name VITALIS, KALVIN  
Address 1024 W OAKLAND PARK BLV  
City-State-Zip: OAKLAND PARK FL 33311

*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:** KALVIN VITALIS

**PRESIDENT**

**03/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date