

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000149264

**Entity Name:** PMSI, LLC**Current Principal Place of Business:**175 KELSEY LANE  
TAMPA, FL 33619**Current Mailing Address:**6410 POPLAR AVE., SUITE 800  
MEMPHIS, TN 38119 US**FEI Number:** 56-2422696**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SECRETARY  
Name PETERSON, KAREN ELIZABETH  
Address 175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title CEO  
Name YOUNG, DAVID WAYNE  
Address 175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title PRESIDENT  
Name YOUNG, DAVID WAYNE  
Address 175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title VP  
Name FARMER, DAVID CROWN  
Address 175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title ASSISTANT SECRETARY  
Name BENCIVENGA, JOHN WILLIAM  
Address 175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title DIRECTOR  
Name GROSKLAGS, JEFFREY DAVID  
Address 175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title TREASURER  
Name GILL, PETER MARSHALL  
Address 175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title DIRECTOR  
Name YOUNG, DAVID WAYNE  
Address 175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

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*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: HEATHER ANASTASIA LANG****ASSISTANT SECRETARY 08/25/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title ASSISTANT SECRETARY  
Name OBERG, DAVID JOHN  
Address 175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title ASSISTANT SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619