

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000149264

Entity Name: PMSI, LLC

Current Principal Place of Business:

6410 POPLAR AVE.
SUITE 800
MEMPHIS, TN 38119

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: MANAGER
Name: FARMER, DAVID CROWN
Address: 6410 POPLAR AVE.
SUITE 800
City-State-Zip: MEMPHIS TN 38119

Title: MANAGER
Name: OBERG, DAVID JOHN
Address: 17900 VON KARMAN AVE.
City-State-Zip: IRVINE CA 92614

Title: MANAGER
Name: LANG, HEATHER ANASTASIA
Address: 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

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

Title: MANAGER
Name: PETERSON, KAREN ELIZABETH
Address: 1600 MCCONNOR PARKWAY
City-State-Zip: SCHAUMBURG IL 60173

Title: MANAGER
Name: GILL, PETER MARSHALL
Address: 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title: MANAGER
Name: YOUNG, DAVID WAYNE
Address: 7105 MOORES LANE
City-State-Zip: BRENTWOOD TN 37027

Title: MANAGER
Name: GROSKLAGS, JEFFREY DAVID
Address: 11020 OPTUM CIRCLE
MN102-0800
City-State-Zip: EDEN PRAIRIE MN 55344

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

MANAGER

03/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date