

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000080101

**Entity Name:** PSYS, LLC.

**Current Principal Place of Business:**

201 SEA BREEZE AVE  
NAPLES, FL 34108

**Current Mailing Address:**

201 SEA BREEZE AVE  
NAPLES, FL 34108 US

**FEI Number:** 46-5682397

**Certificate of Status Desired:** No

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

CAPE CORAL TAX & ACCOUNTING SERVICES LLC  
3306 DEL PRADO BLVD S  
CAPE CORAL, FL 33904 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:** BILL ANTAR CPA

01/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PETERMAN, MICHAEL S  
Address 201 SEA BREEZE AVE  
City-State-Zip: NAPLES FL 34108

*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:** MICHAEL PETERMAN

MGRM

01/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date