that my name appears above, or on an attachment with all other like empowered. SIGNATURE: PAUL E JOHNSON

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

Electronic Signature of Signing Authorized Person(s) Detail

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000194494

Entity Name: PROFESSIONAL LIFT SOLUTIONS LLC

Current Principal Place of Business:

6311 PORTER ROAD SUITE 9 SARASOTA, FL 34240

Current Mailing Address:

6311 PORTER RD STE 9 SARASOTA, FL 34240 US

FEI Number: 82-2714855

Name and Address of Current Registered Agent:

PJGT INC 6311 PORTER RD STE 9 SARASOTA, FL 34240 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	PAUL E JOHNSON			03/04/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	JOHNSON, PAUL E	Name	TALKIE, GRANT L	
Address	5625 MORNING SUN DR	Address	4930 FLAGSTONE DR	
City-State-Zip:	SARASOTA FL 34238	City-State-Zip:	SARASOTA FL 34238	

Certificate of Status Desired: No

03/04/2022 PRESIDENT

Secretary of State 8376706544CC

FILED Mar 04, 2022

Date