

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000004214

**Entity Name:** PSAMI LLC

**Current Principal Place of Business:**

3038 DELPRADO BLVD S  
CAPECOPAL, FL 33904

**Current Mailing Address:**

3038 DELPRADO BLVD S  
FORTMYERS, FL 33904 US

**FEI Number:** 84-4199037

**Certificate of Status Desired:** No

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

SOMAVARAM, LAKSHMIPATHY  
3038 DELPRADO BLVD S  
FORTMYERS, 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name SOMAVARAM, LAKSHMIPATHY  
Address 10956 CHERRY LAUREL DR  
City-State-Zip: FORTMYERS FL 33912

*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:** LAKSHMIPATHY SOMAVARAM

MANAGER

05/06/2021

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

\_\_\_\_\_ Date