

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000313457

Entity Name: PSI SPECIALIZED GROUP LLC**Current Principal Place of Business:**1525 N PARK DR, SUITE 104
WESTON, FL 33326**Current Mailing Address:**1525 N PARK DR, SUITE 104
WESTON, FL 33326 US**FEI Number:** 87-1598090**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AV ACCOUNTING ASSOCIATES CORP
1525 N PARK DR
SUITE 104
WESTON, FL 33326 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	AMBR
Name	MORENO JARAMILLO, FELIPE A
Address	1525 N PARK DR SUITE 104
City-State-Zip:	WESTON FL 33326

Title	AMBR
Name	OROZCO, ALBEIRO BERNAL
Address	1525 N PARK DR, SUITE 104
City-State-Zip:	WESTON FL 33326

Title	MANAGER
Name	PALACIO, JOSE A
Address	1525 N PARK DR, SUITE 104
City-State-Zip:	WESTON FL 33326

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: FELIPE A MORENO JARAMILLO

MANAGER

03/15/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date