

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000313457

Entity Name: PSI SPECIALIZED GROUP LLC

Current Principal Place of Business:

900 W 49 ST
SUITE 560
HIALEAH, FL 33012

Current Mailing Address:

900 W 49 ST
SUITE 560
HIALEAH, FL 33012 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
104
City-State-Zip: WESTON FL 33326

Title AMBR
Name BERNAL OROZCO, ALBEIRO
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

Title AMBR
Name FERNANDEZ, ANDRES
Address 1525 N PARK DR, SUITE 104
City-State-Zip: WESTON FL 33326

Title AMBR
Name ARIAS, ALEXANDER
Address 1525 N PARK DR, SUITE 104
City-State-Zip: WESTON FL 33326

Title AMBR
Name PALACIO, LUZ E
Address 1525 N PARK DR, SUITE 104
City-State-Zip: WESTON FL 33326

Title AMBR
Name CANO, DIANA
Address 1525 N PARK DR, SUITE 104
City-State-Zip: WESTON FL 33326

Title AMBR
Name RESTREPO, MAURICIO
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

AMBR

08/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date