

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000003323

1. Entity Name
PSW, L.L.C.



Principal Place of Business
60 OCEAN BOULEVARD
SUITE ONE
ATLANTIC BEACH, FL 32233

Mailing Address
60 OCEAN BOULEVARD
SUITE ONE
ATLANTIC BEACH, FL 32233



02262005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3712990

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SONES, MICHAEL A
60 OCEAN BOULEVARD
SUITE ONE
ATLANTIC BEACH, FL 32233

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SONES, MICHAEL A
STREET ADDRESS	60 OCEAN BOULEVARD, SUITE ONE
CITY-STATE-ZIP	ATLANTIC BEACH, FL 32233

TITLE	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/5/05 (904) 246-9593
Date Daytime Phone #