

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90035 034 \*\*\*\*\*50.00

**DOCUMENT #** L 01000606796

**1. Entity Name**

PS & T CONSULTING GROUP LLC

**DO NOT WRITE IN THIS SPACE**

933267

**2. Principal Place of Business**

986 ALVAREZ AVE

Suite, Apt. #, etc.

**3. Mailing Address**

412 NE 16 AVENUE

Suite, Apt. #, etc.

STE. 110

DO NOT WRITE IN THIS SPACE

**City & State**

THE VILLAGES, FL

**City & State**

Gainesville, FL

**4. FEI Number**

58-2633596

**Applied For**

Not Applicable

**Zip** 32159

**Country** US

**Zip** 32601

**Country** US

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name** ROBERT J. ROHAN

**Street Address (P.O. Box Number is Not Acceptable)**

412 NE 16 AVE., # 110

**City** GAINESVILLE

**FL**

**Zip Code** 32601

**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.**

**SIGNATURE**

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

ROBERT J. ROHAN

3-5-02

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

MGR

BETH BROWNE

21 LAKE STREET # 3L

WHITE PLAINS, NY 10603

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

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**CITY - ST - ZIP**

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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:**

BETH BROWNE

3-5-02

203-348-5285

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

Date

Daytime Phone #

CR2E083B (12/01)