

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000007132

Entity Name: PS GOLIVE LLC

**FILED**  
**May 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

631 UNITED STATES HIGHWAY ONE  
SUITE 412  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

631 UNITED STATES HIGHWAY ONE  
SUITE 412  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 65-1106981      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JOHNSON, MICHAEL  
124 SATINWOOD LANE  
PALM BEACH GARDENS, FL 33410 US

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

JOHNSON, MICHAEL  
631 UNITED STATES HIGHWAY ONE  
SUITE 412  
NORTH PALM BEACH, FL 33408 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: MICHAEL JOHNSON

05/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOHNSON, MICHAEL  
Address: 631 US HIGHWAY ONE STE 412  
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL JOHNSON

MGRM

05/10/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date