

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000007678

FILED
Aug 03, 2009
Secretary of State**Entity Name:** BECKER/PSL, L.L.C.**Current Principal Place of Business:**1110 N. OLIVE AVE.
WEST PALM BEACH, FL 33401**New Principal Place of Business:****Current Mailing Address:**1110 N. OLIVE AVE.
WEST PALM BEACH, FL 33401**New Mailing Address:****FEI Number:** 65-1103470**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JAMES N. BROWN, P.A.
1110 N. OLIVE AVE.
WEST PALM BEACH, FL 33401 US**Name and Address of New Registered Agent:**

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

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: PRINCE, JOEL L
Address: 1110 N. OLIVE AVE.
City-St-Zip: WEST PALM BEACH, FL 33401**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: WEST, BRIAN
Address: 3125 SW MAPP RD
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES N BROWN

AGEN

08/03/2009

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