

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000006014

1. Entity Name
P.S.R. PROPERTIES, L.L.C.



Principal Place of Business
6860 GULFPORT BOULEVARD, UNIT 290
ST. PETERSBURG, FL 33707

Mailing Address
6860 GULFPORT BOULEVARD, UNIT 290
ST. PETERSBURG, FL 33707



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3626841

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, MICHELE M
10121 TARPON DRIVE
TREASURE ISLAND, FL 33706

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PICI, CARMINE
6860 GULFPORT BOULEVARD, #290
ST. PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
ROWLAND, WANDA
6860 GULFPORT BOULEVARD, #290
ST. PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PICI, RACHEL
6860 GULFPORT BOULEVARD, #290
ST. PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SMITH, MICHELE
6860 GULFPORT BOULEVARD, #290
ST. PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000810576
02/08/08-80070-010 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Wanda Rowland

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

1/17/08

Date

(727) 421-2991

Daytime Phone #