

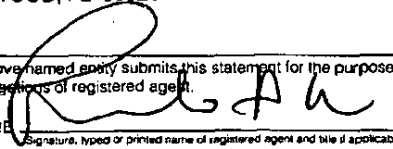
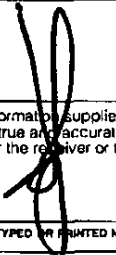
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-26-2004 90202 018 ****50.00

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DOCUMENT # L02000033508			
1. Entity Name P.S.D. CONSULTING & DESIGN, L.L.C.			
Principal Place of Business 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021		Mailing Address 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	
2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900		3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900	
City & State Aventura FL		City & State Aventura FL	
Zip 33180	Country USA	Zip 33180	Country USA
4. FEI Number 65-1195286		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required ☐	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. 3440 HOLLYWOOD BLVD., STE. 360 ROTH, ROUSSE & DARRACH, P.A. HOLLYWOOD, FL 33021			
7. Name and Address of New Registered Agent Name: ROTH, LEONARDO A ESQ. Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave Suite 900 City: Aventura FL Zip Code 33180			
8. The above named party 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:  Leonardo A. Roth, Esq. 2/23/04 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HORIGIAN, FERNANDO 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	18851 NE 29th Ave. Suite 900, Aventura FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SANTURIAN, NAZARET 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	18851 NE 29th Ave. Suite 900 Aventura, FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  HORIGIAN Fernando, MGRM		Date: 02/24/04 986-2790000	