

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000007244			
1. Entity Name PSLW, LLC			
Principal Place of Business 8890 WEST OAKLAND PK. BLVD., STE 201 SUNRISE FL 33351		Mailing Address 8890 WEST OAKLAND PK. BLVD., STE 201 SUNRISE FL 33351	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FRAZIER, ROBERT W JR ESQ FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 EAST COMMERCIAL BOULEVARD, STE 826 FORT LAUDERDALE FL 33308			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 office if applicable. (NOTE: Registered Agent signature required when renewing)			



1st MOORE CR2E083 (10/05)

4. FEI Number **56-2448298** Applied For Not Applicable

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

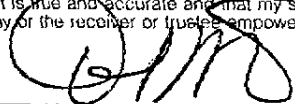
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ECHION USA INC. 8890 W. OAKLAND PARK BLVD, SUITE 201 SUNRISE FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
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05/01/06-80054-019 11:00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:



2/27/06 954-74988