

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Nov 24, 2008  
Secretary of State**

DOCUMENT# L03000025079

Entity Name: PSL TOWN CENTER GP, LLC

**Current Principal Place of Business:**

2100 SE OCEAN BOULEVARD  
205  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

2100 SE OCEAN BOULEVARD  
205  
STUART, FL 34996

**New Mailing Address:**

FEI Number: 14-1890131      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:**

SHAPIRO, MAX  
2100 SE OCEAN BOULEVARD  
205  
STUART, FL 34996 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: MAX SHAPIRO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHAPIRO, MAX  
Address: 2100 SE OCEAN BOULEVARD, 205  
City-St-Zip: STUART, FL 34996

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MAX SHAPIRO

MGRM

11/24/2008

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