

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90026 040 ****50.00

DOCUMENT # L03000051558

1. Entity Name
LE-PSL, LLC



Principal Place of Business
C/O LEDER GROUP, INC.
6530 WEST ROGERS CIR, STE #31
BOCA RATON, FL 33487

Mailing Address
C/O LEDER GROUP, INC.
6530 WEST ROGERS CIR, STE #31
BOCA RATON, FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082005 Chg-LLC CR2E083 (10/03)

4. FEI Number

76-0747191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASNER, MARK M ESQ
THERREL BAISDEN, P.A.-SUNTRUST INT'L CTR
ONE SE 3RD AVE, STE 2400
MIAMI, FL 33131

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME LEDER GROUP INC
STREET ADDRESS 6530 WEST ROGERS CIR #31
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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)(d), 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: SAMUEL E LEDER

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

Date

Daytime Phone #

4/15/05

561-995-7878