

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90204 003 \*\*\*\*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



01312006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:** \_\_\_\_\_

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

SEAN M LEDER

3/01/06

Date

Daytime Phone #

561-995-7878