

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90321 020 \*\*\*\*55.00

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<b>DOCUMENT # L04000003048</b> 1. Entity Name PSLH TRADING, LLC					
Principal Place of Business 241 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160			Mailing Address 241 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>7098 BONITA DRIVE</b> Suite, Apt. #, etc.			
City & State		City & State <b>MIAMI BEACH, FL</b>		4. FEI Number <b>20-0587420</b>	
Zip Country		Zip <b>33141</b>		Country <b>DADE</b>	
6. Name and Address of Current Registered Agent  STRAMWASSER, LILIAN 16909 NORTH BAY ROAD APARTMENT 416 SUNNY ISLE BEACH, FL 33160				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Lilian Stramwasser</u> <span style="float: right;">05-11-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRAMWASSER, PAUL 241 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOROWITZ, LEONARD 241 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAMWASSER, LILIAN 16909 NORTH BAY ROAD, APARTMENT 416 SUNNY ISLE BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Lilian Stramwasser</u> <span style="float: right;">05-11-05</span> <span style="float: right;">(305) 938-8889</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					