

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053215

FILED
Jan 20, 2008
Secretary of State

Entity Name: THE PS GROUP, LLC

Current Principal Place of Business:

27 N.E. 10TH AVENUE
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3898
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 74-3126870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JAMES E
907 S.E. 10TH AVE.
OCALA, FL 34471 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STOUT, BONNIE K
Address: 826 CHATFIELD WAY
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM () Delete
Name: PASTEUR, MARION T JR.
Address: 4500 NW 95TH AVENUE ROAD
City-St-Zip: OCALA, FL 34482 US

Title: MGRM () Delete
Name: THOMAS, JAMES E
Address: 907 SE 10TH AVENUE
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES:

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

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

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: JAMES E. THOMAS

MGRM

01/20/2008

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