

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000053215

**FILED**  
**Mar 29, 2012**  
**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  
509 W BAY STREET  
UNIT 104  
TAMPA, FL 33606 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  
**Name:** STOUT, BONNIE K  
**Address:** 826 CHATFIELD WAY  
**City-St-Zip:** LAKE MARY, FL 32746 US

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

**Title:** MGRM  
**Name:** THOMAS, JAMES E  
**Address:** 509 W BAY STREET #104  
**City-St-Zip:** TAMPA, FL 33606 US

I hereby 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

03/29/2012

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