

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035775

Entity Name: PSL CITY CENTER, LLC

FILED
Jul 03, 2008
Secretary of State

Current Principal Place of Business:

1153 TOWN CENTER DRIVE
SUITE 202
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

1153 TOWN CENTER DRIVE
SUITE 202
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 20-2664820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DE GUARDIOLA, GEORGE
1153 TOWN CENTER DRIVE
SUITE 202
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

GDEG RAC, INC.
1153 TOWN CENTER DRIVE
SUITE 202
JUPITER, FL 33458 US

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: GEORGE DE GUARDIOLA

07/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOBLE DE PSL, LLC,
Address: 1153 TOWN CENTER DRIVE
City-St-Zip: JUPITER, FL 33458 US

Title: MGRM (X) Delete
Name: TFL, LLC,
Address: 3801 PGA BOULEVARD, SUITE 600
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

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: GEORGE DE GUARDIOLA

MGRM

07/03/2008

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