2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

DOCU 1. Entity Nam PSC LLC		4966				04-17-2008	90171 022 ***13	8.75
Principal Place of Business 81 HANCOCK BRIDGE PKWY WEST 1356 EAGLE CROSSING CAPE CORAL, FL 33991 ORANGE PARK, FL 320								311 /II (111
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State	City & State		4. FEI Numbe 20-3203			plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	S5.00 Add Fee Require	itional d
	6. Name and Address of Curren	it Registered Agent			7. Name and	Address of New F	Registered Agent	
				Name .		•		
	LE CROSSING DR PARK, FL 32065			Street Address	s (P.O. Box Numbe	r is Not Acceptable	е)	
				City			Zip Cod	
				*			rt	
8. The above the obligat	named entity submits this statement	for the purpose of changing if	ts registere	ed office or registr		h in the State of 🗔	orida. I am lamiliar with,	and accept
SIGNATURE	tions of registered agent.							
SIGNATURE	Sgraure, hiped or printed name of registered age. E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	nt and side of applicable. (NC		d Agent signature requir		Mal	DATE te check payable to a Department of Stat	
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11. I hereby certify that the information supplied with this fifing 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: Pankaj K Patel	07-114 08	439-573-7383
SIGNATURE AND TYPED OR PRUITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR A	UTHORIZED REPRESENTATIVE Oate	Daysina Phone #