

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000064966

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** PSC LLC

**Current Principal Place of Business:**

81 HANCOCK BRIDGE PKWY WEST  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

1356 EAGLE CROSSING DR.  
ORANGE PARK, FL 32065

**New Mailing Address:**

81 HANCOCK BRIDGE PKWY WEST  
CAPE CORAL, FL 33991

**FEI Number:** 20-3203785      **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:**

DHARMA, SUNIL  
1356 EAGLE CROSSING DR  
ORANGE PARK, FL 32065      US

**Name and Address of New Registered Agent:**

MCLEOD, RODERICK D  
3345 FOWLER ST  
FORT MYERS, FL 33901      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: RODERICK D MCLEOD

02/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PATEL, PANKAJ  
**Address:** 81 HANCOCK BRIDGE PARKWAY WEST  
**City-St-Zip:** CAPE CORAL, FL 33991

**Title:** MGR  
**Name:** PATEL, CHETAN  
**Address:** 81 HANCOCK BRIDGE PARKWAY WEST  
**City-St-Zip:** CAPE CORAL, FL 33991

**Title:** MGR  
**Name:** DHARMA, SUNIL  
**Address:** 1356 EAGLE CROSSING DR  
**City-St-Zip:** ORANGE PARK, FL 32065

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: PANKAJ PATEL

MGRM

02/26/2010

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