

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026275

Entity Name: PSM STABLES, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

325 WILLIAMSON BLVD. STE 120
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9296
DAYTONA BEACH, FL 32120

New Mailing Address:

FEI Number: 20-4479638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEROSA, JOSEPH
325 WILLIAMSON BLVD STE 120
DAYTONA BEACH, FL 32114 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: MGR () Delete
Name: DEROSA, JOSEPH
Address: 325 WILLIAMSON BLVD STE 120
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM () Delete
Name: LAVINE, SIDNEY
Address: 325 WILLIAMSON BLVD STE 120
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM () Delete
Name: LEVINE, BRENDA
Address: 325 WILLIAMSON BLVD STE 120
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM () Delete
Name: DEROSA, PAULA
Address: 325 WILLIAMSON BLVD STE 120
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LEVINE, SIDNEY
Address: 325 WILLIAMSON BLVD STE 120
City-St-Zip: DAYTONA BEACH, FL 32114

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: SIDNEY LEVINE

MGRM

04/28/2009

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