# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 05, 2008**
**Secretary of State**

DOCUMENT# L06000066190

**Entity Name:** PSL DONUTS, LLC

**Current Principal Place of Business:**

1002 ST. LUCIE WEST BLVD.
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

10 WOBURN STREET
LEXINGTON, MA 02420

**New Mailing Address:**

**FEI Number: 05-0598626** **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:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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

ALLEN, JAMES E MEMBER
850 NW FEDERAL HIGHWAY
SUITE 233
STUART, FL 34994 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: JAMES ALLEN 05/05/2008
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: ALLEN, JAMES E
Address: 10 WOBURN STREET
City-St-Zip: LEXINGTON, MA 02420

Title: MGR ( ) Delete
Name: CAFUA, MARK P
Address: 10 WOBURN STREET
City-St-Zip: LEXINGTON, MA 02420

**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: JAMES ALLEN MEMB 05/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date