

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074057

FILED
May 06, 2008
Secretary of State

Entity Name: PSF GROUP LLC

Current Principal Place of Business:

2480 WEST BAY DR, SUITE 206
BELLEAIR BLUFFS, FL 33770

New Principal Place of Business:

319 10 TH STREET
INDIAN ROCKS BEACH, FL 33785

Current Mailing Address:

2480 WEST BAY DR, SUITE 206
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

319 10 TH STREET
INDIAN ROCKS BEACH, FL 33785

FEI Number: 22-3624387 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:

FIERABEND, PAUL S
800 GULF BLVD. #2
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

FIERABEND, PAUL S
319 10TH STREET
INDIAN ROCKS BEACH, FL 33785 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: PAUL FIERABEND

05/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIERABEND, PAUL S MEMBER
Address: 2480 WEST BAY DR, SUITE 206
City-St-Zip: BELLEAIR BLUFFS, FL 33770

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FIERABEND, PAUL S MEMBER
Address: 319 10TH STREET
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: PAUL FIERABEND

MGR

05/06/2008

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