

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080810

Entity Name: PSC ENTERPRISES, LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

1111 CORTEZ AVE  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

1861 ACACIA AVE  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

1111 CORTEZ AVE  
LEHIGH ACRES, FL 33972

**New Mailing Address:**

1861 ACACIA AVE  
LEHIGH ACRES, FL 33972

FEI Number: 20-8272281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONDON, PAUL  
1111 CORTEZ AVE  
LEHIGH ACRES, FL 33972 US

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

CONDON, PAUL J  
1861 ACACIA AVE  
LEHIGH ACRES, FL 33972 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 CONDON

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CONDON, PAUL  
Address: 1111 CORTEZ AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: M (X) Delete  
Name: CONDON, SARA D  
Address: 1111 CORTEZ AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CONDON, PAUL J  
Address: 1861 ACACIA AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

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: PAUL CONDON

MGRM

04/27/2009

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