

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012535

Entity Name: P.S.P., LLC

FILED
Apr 12, 2009
Secretary of State

Current Principal Place of Business:

2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 323013587

New Principal Place of Business:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

Current Mailing Address:

2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 323013587

New Mailing Address:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

FEI Number: 20-8493185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 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: GHAZVINI, BEHZAD
Address: 2811-E INDUSTRIAL PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 323013587

Title: MGR () Delete
Name: GHAZVINI, MEHRAN
Address: 2811-E INDUSTRIAL PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 323013587

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GHAZVINI, BEHZAD
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR (X) Change () Addition
Name: GHAZVINI, MEHRAN
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

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: BEHZAD GHAZVINI

MGRM

04/12/2009

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