

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076569

FILED
Feb 09, 2009
Secretary of State

Entity Name: PROPERTY SOLUTIONS AND INVESTMENTS OF FLORIDA LLC

Current Principal Place of Business:

1581 WEST 49TH STREET, SUITE 133
MIAMI, FL 33012

New Principal Place of Business:

6155 NW 79TH WAY
PARKLAND, FL 33067

Current Mailing Address:

1581 WEST 49TH STREET, SUITE 133
MIAMI, FL 33012

New Mailing Address:

6155 NW 79TH WAY
PARKLAND, FL 33067

FEI Number: 22-3966913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: VALDES, OCTAVIO A
Address: 1581 WEST 49TH STREET, SUITE 133
City-St-Zip: MIAMI, FL 33012

Title: MGR () Delete
Name: VALDES, LORE B
Address: 1581 WEST 49TH STREET, SUITE 133
City-St-Zip: MIAMI, FL 33012

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VALDES, OCTAVIO A
Address: 6155 NW 79TH WAY
City-St-Zip: PARKLAND, FL 33067

Title: MGR (X) Change () Addition
Name: VALDES, LORE B
Address: 6155 NW 79TH WAY
City-St-Zip: PARKLAND, FL 33067

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: OCTAVIO A VALDES

MGR

02/09/2009

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