

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123134

**Entity Name:** PS COMPANIES, LLC

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

138 NORTH SWINTON AVENUE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

138 NORTH SWINTON AVENUE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 83-0501302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, LENNIE F  
138 NORTH SWINTON AVENUE  
DELRAY BEACH, FL 33444 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  
**Name:** SCOTT B. PORTEN REVOCABLE TRUST  
**Address:** 138 NORTH SWINTON AVENUE  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** MGR  
**Name:** SMITH, LENNIE F  
**Address:** 138 NORTH SWINTON AVENUE  
**City-St-Zip:** DELRAY BEACH, FL 33444

I hereby 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: LENNIE F SMITH

MGR

01/25/2012

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