

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000074807

Entity Name: PSA VENTURES LLC

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5169 PRAIRIE DUNES VILLAGE CIRCLE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5169 PRAIRIE DUNES VILLAGE CIRCLE  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

ALLARD, PATRICIA S  
5169 PRAIRIE DUNES VILLAGE CIRCLE  
LAKE WORTH, FL 33463 US

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

LAW OFFICE OF DONNA HEARNE-GOUSSE, PA  
32 J STREET  
LAKE WORTH, FL 33460 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: DONNA HEARNE-GOUSSE, PA

04/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: ALLARD, PATRICIA S

Address: 5169 PRAIRIE DUNES VILLAGE CIRCLE

City-St-Zip: LAKE WORTH, FL 33463

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: PATRICIA S ALLARD

MGRM

04/13/2012

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