

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000096867

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** PSI AIR CONDITIONING LLC

**Current Principal Place of Business:**

8191 NW 91 TERRACE  
#3  
MEDLEY, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8191 NW 91 TERRACE  
#3  
MEDLEY, FL 33166

**New Mailing Address:**

**FEI Number:** 27-3471733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORMAZABAL, WALTER  
8191 NW 91 TERRACE  
#3  
MEDLEY, FL 33166 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:** MGRM  
**Name:** RYAN, JOSEFINA  
**Address:** 8191 NW 91 TERRACE #3  
**City-St-Zip:** MEDLEY, FL 33166

**Title:** MGRM  
**Name:** MARTIN, CARLOS  
**Address:** 8191 NW 91 TERRACE #3  
**City-St-Zip:** MEDLEY, FL 33166

**Title:** MGRM  
**Name:** ORMAZABAL, WALTER  
**Address:** 8191 NW 91 TERRACE #3  
**City-St-Zip:** MEDLEY, FL 33166

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:** JOSEFINA RYAN

MGRM

02/07/2012

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