

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000040418

Entity Name: PSL ENTERPRISES, LLC

**FILED**  
**Oct 30, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

7770 SPENCER PARRISH RD.  
PARRISH, FL 34219 US

**New Principal Place of Business:**

**Current Mailing Address:**

5801 S. US HWY. 1  
2  
PORT ST. LUCIE, FL 34982 US

**New Mailing Address:**

7770 SPENCER PARRISH RD.  
PARRISH, FL 34219 US

FEI Number: 35-2407064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SNEED, LINDA S  
7770 SPENCER PARRISH RD.  
PARRISH, FL 34219 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: LINDA SNEED

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: SNEED, LINDA S  
Address: 7770 SPENCER PARRISH RD.  
City-St-Zip: PARRISH, FL 34219 US

Title: MGRM  
Name: SNEED, HARVEY L  
Address: 7770 SPENCER PARRISH RD.  
City-St-Zip: PARRISH, FL 34219 US

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: LINDA SNEED

MGRM

10/30/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date