

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000069747

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** PROPERTY SOLUTIONS MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

7301 OLD CUTTLER ROAD  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

1600 PONCE DE LEON BLVD  
SUITE 1035  
CORAL GABLES, FL 33134

**Current Mailing Address:**

7301 OLD CUTTLER ROAD  
CORAL GABLES, FL 33143

**New Mailing Address:**

1600 PONCE DE LEON BLVD  
SUITE 1035  
CORAL GABLES, FL 33134

FEI Number: 45-2548425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VILA, OSCAR J  
2320 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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: ZAMBELLI, MICHELLE  
Address: 7301 OLD CUTTLER ROAD  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR  
Name: VILA, OSCAR J  
Address: 2320 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

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: MICHELLE ZAMBELLI

MGR

02/08/2012

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