


**LIMITED LIABILITY COMPANY
ANNUAL REPORT** *Rein statement*

For Office Use Only
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DOCUMENT # L15000213471
1. Entity Name
PSB FO, LLC



2022 NOV -7 PM 5:03

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~~700398787917~~
~~12/05/22--01021--002 **143.75~~
~~12/05/22--01021--002 **143.75~~
CR2E083B (1/14)

2. Principal Place of Business - No P.O. Box # 21200 NE 38th Avenue		3. Mailing Address 21200 NE 38th Avenue	
Suite, Apt. #, ect. 2101		Suite, Apt. #, ect. 2101	
City & State Aventura, Florida		City & State Aventura, Florida	
Zip 33180	Country USA	Zip 33180	Country USA

4. FEI Number 81-0960958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Paul Bachow
Street Address (P.O. Box Number is Not Acceptable) 21200 NE 38th Avenue
Apt. 2101
City Aventura
State FL
Zip Code 33180

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Paul Bachow* DATE: 11/3/2022

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address: pbachow@bachow.com

To be used for future annual report notices

9. AUTHORIZED REPRESENTATIVES / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Paul Bachow 21200 NE 38th Ave., Unit 2101 Aventura, FL 33180
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dec 12/1/22

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an authorized representative or manager of the limited liability company or the receiver or trustee empowered to execute this report; as required by Chapter 605, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: *Paul Bachow* DATE: 11/3/2022 DAYTIME PHONE: 610-660-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE