DOCUMENT # L9900001618				FILED			•	
Entity Name PSD PROPERTIES, LLC Principal Place of Business Mailing Address					FILEU			
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				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
16375 NE 18TH AVENUE, SUITE 307 NORTH MIAMI BEACH FL 33162		·	16375 NE 18TH AVENUE. SUITE 307 NORTH MIAMI BEACH FL 33162-4760		-EMINGSEE, FLU	MUDA		
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address	3. Mailing Address					
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State		4. FEI Number	0.00.004	Ar	pplied For	
Zip	Country	Zip	Country		909034	\$5.00 Add	ot Applicable	
	6. Name and Address of Curr	rent Bogistered Agent		5. Certificate of S		Fee Require		
	o, Name and Address of Con	ent negistered Agent	Name	7. Name and Address of New Registered Agent Name				
	, robert St union financial center	3	Street Address (P.O. Box		Box Number is Not Acceptable)			
	TH BISCAYNE BOULEVARD	`						
MIAMI FL	. 33131		City	City FL Zip Code				
	e named entity submits this statement		its registered office or regi		the State of Florida.			
	,	agent and title if applicable (No.		guired when reinstating)				
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (No. FILE-I Make Check F	OTE: Registered Agent signature req NOW!!!-FEE-IS-\$50-0 Payable to Departmen	guired when reinstating)				
8. The above SIGNATURE 9. TITLE RAME 2TREET ADDRESS CITY-ST-ZIP	MANAGING ME MGRM SOLTANIK, ENRIQUE 16375 NE 18TH AVENUE, SU	Agent and title if applicable (No. FILE-I) Make Check F EMBERS/MEMBERS Deleta	DTE Registered Agent signature requirements of the Parket Science	guired when reinstating)	DATE	S Change	Adultion	
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711. limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

9.

SIGNATUS PESSIONALE (NAIR) FOR SIGNATURE AND TYPED OR PRINTED NAME PASSIGNING MANAGING MEMBER OR MANAGER

4-26-2000 Date