2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000006983

1. Entity Name

PSEA FINANCIAL SERVICES AND CONSULTING, L.L.C



FILED Jan 28, 2008 8:00 am Secretary of State 01-28-2008 90072 022 ***138.75

BSFA FINANCIAL SERVICES AND CONSULTING, L.L.C.								
Principal Place of Business 8100 SOUTHWEST TENTH STREET 2000 PLANTATION, FL 33324		Mailing Address 1320 SOUTH DIXIE HIGHWAY SUITE 1061 CORAL GABLES, FL 33146			1 (60)(1) (. 60004305		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9100 SC DATE LAND BLUD						
Suite, Apt. #, etc.		Suite, Apt. #, etc. 576 / 660			01222008	01222008 Chg-LLC CR2E083 (12/06)		
City & State		City & State AM FL		-		4. FEI Number Applied For 65-0973798 Not Applicable		
Zìp	Country	Zip 33116	Coun M I	AMI-DAD	<u>~~ </u>	e of Status Desired	onal	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	d Address of New Registered Agent		
SWICHKOW, BERNARD								
	TH DIXIE HIGHWAY	· ·		ss (P.SBox Number	P.O-Box Number is Not Acceptable)			
MIAMI, FL	33146	S.		Suite 160	VITE 1600			
	1			City M	(AM)	FL Zip Code	56	
8. The above named entity subplits 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/apent.								
SIGNATURE Signature, typed or printed transfer or registered agent and play it applicable (MOTEL Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Make check payable to Florida Department of State	e. List	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CHANGES		
TITLE NAME	MGRM SWICHKOW, BERNARD	☐ Delete	TITLE	-			Addition	
STREET ADDRESS				EET ADDRESS 9100 SO. DAJELAND BLVD - STE 1600				
CITY-ST-ZIP				- ST - ZIP	MIAMI, FL 33176			
TITLE	MGRM	☐ Delete	TITLE		-	Change	Addition	
NAME	ADLER, LESLIE NAM			ME 9100 SO. DADELAND BLUE - STE 1600				
STREET ADDRESS - CITY-ST-ZIP				-ST-ZIP	MIAMI			
TITLE	MGRM	☐ Delete	TITLE				Addition	
NAME	ALDECOA, JORGE				aima So.	JAJE LAND BLUD - STE 16	0	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-Z:P	MIAN			
TITLE	MGRM	Delete	TITLE				Addition	
NAME	FARBISH, GARY	•	NAM	E			İ	
STREET ADDRESS	90 ALMERIA AVENUE			ET ADDRESS			j	
CITY-ST-ZIP	CORAL GABLES, FL 33134			-ST-ZIP		Change	Addition	
TITLE NAME		☐ Delete	TITLE NAM			☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		···	CITY	-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	ls .		NAM STRE	ET ADDRESS			1	
CITY-ST-ZIP	6		4	-ST-ZIP		•		
11. I hereby certify that the information supplied with this filling 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 a managing member or manager of the limited liability company or the reference or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								