

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019445

**Entity Name:** PS OPERATIONS, LLC

**Current Principal Place of Business:**

450 CORDOVA AVE.  
DELEON SPRINGS, FL 32130

**Current Mailing Address:**

P.O. BOX 691  
DELEON SPRINGS, FL 32130

**FEI Number: 30-0856441**

**Certificate of Status Desired: Yes**

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

SCHWARZE ENTERPRISES, INC  
450 CORDOVA AVE.  
DELEON SPRINGS, FL 32130 US

*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: JOHN MICHAELOS**

**01/03/2018**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	JOHN MICHAELOS	Name	JOHN MICHAELOS
Address	P.O. BOX 691	Address	P.O. BOX 691
City-State-Zip:	DELEON SPRINGS FL 32130	City-State-Zip:	DELEON SPRINGS FL 32130

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICIA SCHWARZE**

**MGR**

**01/03/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date