

2015 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: No

Name and Address of Current Registered Agent:

SCHWARZE, PATRICIA A
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name SCHWARZE, PATRICIA A
Address 450 CORDOVA AVE.
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

MANAGER

01/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date