

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053215

Entity Name: THE PS GROUP, LLC

Current Principal Place of Business:

27 NE 10TH AVE
OCALA, FL 34470

Current Mailing Address:

P.O. BOX 3898
OCALA, FL 34478 US

FEI Number: 74-3126870

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name STOUT, BONNE
Address 4500 NW 95TH AVENUE ROAD
City-State-Zip: Ocala FL 34482

Title ASSISTANT MANAGER
Name THOMAS, JAMES
Address P.O. BOX 10190
City-State-Zip: TAMPA FL 33679

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: JAMES THOMAS

ASSISTANT MANAGER

04/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date