

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000069747

**FILED  
Jul 27, 2016  
Secretary of State  
CC6850200753**

**Entity Name:** PROPERTY SOLUTIONS MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

18191 NW 68TH AVENUE  
SUITE 202  
MIAMI, FL 33015

**Current Mailing Address:**

18191 NW 68TH AVENUE  
SUITE 202  
MIAMI, FL 33015 US

**FEI Number:** 45-2548425

**Certificate of Status Desired:** No

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

VILA, OSCAR J  
201 ALHAMBRA CIRCLE  
SUITE 702  
CORAL GABLES, FL 33134 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 ZAMBELLI, MICHELLE  
Address 1600 PONCE DE LEON BLVD  
SUITE 1037  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name VILA, OSCAR J  
Address 201 ALHAMBRA CIRCLE  
SUITE 702  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, AUTHORIZED  
REPRESENTATIVE  
Name GARCIA-SARRAFF, JORGE  
Address 201 ALHAMBRA CIRCLE  
SUITE 702  
City-State-Zip: CORAL GABLES FL 33134

*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:** OSCAR J. VILA

**REGISTERED AGENT**

**07/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date