

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000220085

**Entity Name:** PSF OLEANDER, LLC

**Current Principal Place of Business:**

7850 NW 146TH ST  
SUITE 501  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

7850 NW 146TH ST  
SUITE 501  
MIAMI LAKES, FL 33016 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

AV ACCOUNTING ASSOCIATES CORP  
1525 N PARK DRIVE  
STE 104  
WESTON, FL 33326 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 PRIME SUNSHINE MANAGEMENT,  
LLC  
Address 7850 NW 146TH ST, SUITE 501  
City-State-Zip: MIAMI LAKES FL 33016

*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:** LUIS MAGGI

**MANAGER**

**04/20/2023**

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

\_\_\_\_\_  
Date