

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000005362

**Entity Name:** PSL (DARWIN) LLC

**Current Principal Place of Business:**

4200 NORTHSIDE PKWY NW BLDG 2 STE 200  
ATLANTA, GA 30327

**Current Mailing Address:**

4200 NORTHSIDE PKWY NW BLDG 2 STE 200  
ATLANTA, GA 30327

**FEI Number:** 86-3185344

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 AP  
Name LANGSFELD, JOEL S  
Address 4200 NORTHSIDE PKWY NW BLDG 2  
STE 200  
City-State-Zip: ATLANTA GA 30327

Title AP  
Name RAILEY, TIFFANY  
Address 4200 NORTHSIDE PKWY NW BLDG 2  
STE 200  
City-State-Zip: ATLANTA GA 30327

Title AP  
Name GAUTIER, ROBERT L  
Address 4200 NORTHSIDE PKWY NW BLDG 2  
STE 200  
City-State-Zip: ATLANTA GA 30327

Title AP  
Name JUSTICE, TERRI C  
Address 4200 NORTHSIDE PKWY NW BLDG 2  
STE 200  
City-State-Zip: ATLANTA GA 30327

Title AP  
Name DAVIDSON, JOHN B  
Address 4200 NORTHSIDE PKWY NW BLDG 2  
STE 200  
City-State-Zip: ATLANTA GA 30327

*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:** JOEL LANGSFELD

AP

03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date