9/22/2002-90067-032 $50.00-$50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

AND FILED

02 OCT -7 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000001923

1. Entity Name: P.S.A.L.M.S. 374 Investment Club, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17009 Candeleda de Avila	17009 Candeleda de Avila
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa, FL	Tampa, FL
City & State: 33613-5213	City & State: 33613-5213
Zip / Country: U.S.A.	Zip / Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59 3670436 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David P. Burke

Street Address (P.O. Box Number is Not Acceptable): One Harbour Place, Suite 500

City: Tampa, FL 33602 **FL** Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
President	Veronica McGriff, 16314 Millan de Avila, Tampa, FL 33613
Vice-President	Vicki Monroe, 1206 Parrilla de Avila, Tampa, FL 33613
Recording Secretary	Maisie Reddy, 4927 'B' Rivershore Dr, Tampa, FL 33603
Treasurer	Debra Alberts, 17009 Candeleda de Avila, Tampa, FL 33613
Asst. Treasurer	Michael West, 16408 Millan de Avila, Tampa FL 33613
Corresponding Secretary	Teri Stanger, 812 Tarady de Avila, Tampa, FL 33613

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Debra Alberts 9/13/02 813-909-8587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #