

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90047 010 ****50.00

DOCUMENT # L01000001923

1. Entity Name
P.S.A.L.M.S. 374 INVESTMENT CLUB, L.L.C.



Principal Place of Business
**17009 CANDELEDA DE AVILA
TAMPA FL 33613-5213**

Mailing Address
**PO BOX 340714
TAMPA FL 33694-0714**

40020493



2. Principal Place of Business
P.O. Box 340714

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL 33694-0714

City & State

4. FEI Number **59-3670436**

Applied For
☐ Not Applicable

Zip
33694-0714

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**BURKE, DAVID P
ONE HARBOUR PLACE
SUITE 500
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Bonnie Kraftt**
Street Address (P.O. Box Number is Not Acceptable)
1205 Parrilla de Avila
City **Tampa** FL **33613**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Bonnie Kraftt

1/28/2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGRIFF, VERONICA 16314 MILLAN DE AVILA TAMPA FL 33613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONROE, VICKI 1206 PARRILLA DE AVILA TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REDDY, MAISIE 4927 B RIVERSHORE DR TAMPA FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBERTS, DEBRA 17009 CANDELEDA DE AVILA TAMPA FL 33613-5213	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WEST, MICHAEL 16408 MILLAN DE AVILA TAMPA FL 33613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS STANGER, TERI 812 TARDY DE AVILA TAMPA FL 33613	<input checked="" type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Vicki Monroe 1206 Parrilla de Avila Tampa, FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Phyllis Shaw 16308 Morades de Avila Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kathy Hoverson 16906 Candelida de Avila Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bonnie Kraftt 1205 Parrilla de Avila Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bonnie Kraftt* **REQUIRED** **Bonnie L. Kraftt**

1/28/2003

813-963-5409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)