

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2003 8:00 am
Secretary of State

07-24-2003 90064 031 ****50.00

DOCUMENT # L02000010110

1. Entity Name
M/S 1910 PSLB, L.C.



Principal Place of Business
1025 S.W. MARTIN DOWNS BLVD..
PALM CITY FL 34990

Mailing Address
1025 S.W. MARTIN DOWNS BLVD..
PALM CITY FL 34990

55053362

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

73-1640763

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHACHTER, MICHAEL

1025 S.W. MARTIN DOWNS BLVD..

PALM CITY FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

SIGNATURE

Michael Schachter

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

(NOTE: Registered Agent signature required when reinstating)

7/22/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **President**
NAME **Michael Schachter**
STREET ADDRESS **1025 SW MARTIN DOWNS BLVD**
CITY-ST-ZIP **PALM CITY FL 34990**

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10. ADDITIONS/CHANGES

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☐ 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: *

Michael Schachter

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

7/22/03

Date

Daytime Phone #

CP2E083 (4/03)