

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90542 001 \*\*\*100.00

30011713



07102007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000005570</b> 1. Entity Name 1626 PSL, LLC					
Principal Place of Business 6001 CITRUS AVENUE FORT PIERCE, FL 34982 US			Mailing Address 6001 CITRUS AVENUE FORT PIERCE, FL 34982 US		
2. Principal Place of Business - No P.O. Box # 1626 SE Port St Lucie Blvd Suite, Apt. #, etc. Po		3. Mailing Address 1626 SE Port St Lucie Blvd Suite, Apt. #, etc.		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State Port St Lucie FL		City & State Port St Lucie FL			
Zip 34952		Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent MCCLURE, SUSAN 6001 CITRUS AVENUE FORT PIERCE, FL 34982		
7. Name and Address of New Registered Agent 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 <u>X Susan McClure</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>7/10/7</u>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLURE, SUSAN 6001 CITRUS AVENUE FORT PIERCE, FL 34982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR McClure, Susan 1626 SE Port St Lucie Blvd Port St Lucie FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemptions contained in Chapter 119, 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: <u>X Susan McClure</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>7/10/7</u> Daytime Phone # <u>7723379926</u>		