

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90188 047 \*\*\*538.75

**DOCUMENT # L06000005570**

1. Entity Name  
1626 PSL, LLC



Principal Place of Business

1626 SE PORT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34952 US

Mailing Address

1626 SE PORT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34952 US

**60042154**



05142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCCLURE, SUSAN  
6001 CITRUS AVENUE  
FORT PIERCE, FL 34982

**DO NOT WRITE  
IN THIS SPACE**

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)

5/12/08  
DATE

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCCLURE, SUSAN 1626 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952
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**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

5/12/08

Date

772-337-9926

Daytime Phone #