## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 04, 2008 08:00 AN Secretary of State **DOCUMENT # L06000096445** 1. Entity Name PSL-IM, LLC Principal Place of Business Mailing Address 2321 SW GOLDEN BEAR WAY 2321 SW GOLDEN BEAR WAY PALM CITY, FL 34990 PALM CITY, FL 34990 CR2E083 (12/07) 01282008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0787362 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIPERSTEIN, CARINNE B DO NOT WRITE 2321 SW GOLDEN BEAR WAY PALM CITY, FL 34990 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 13 \$138,75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME SIPERSTEIN, CARINNE B STREET ADDRESS 2321 SW GOLDEN BEAR WAY CITY-ST-ZIP PALM CITY, FL 34990 TITLE NAME U000000813072 STREET ADDRESS 02/12/08-80076-004 138.75 CITY-ST-ZIP Tm # NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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: \_\_\_\_\_

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
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1/29/08

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