

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90171 010 \*\*\*\*50.00

<b>DOCUMENT # L01000017226</b> 1. Entity Name POSHMAIL, LLC																							
Principal Place of Business 2518 PIERCE STREET HOLLYWOOD, FL 33020		Mailing Address 2518 PIERCE STREET HOLLYWOOD, FL 33020																					
2. Principal Place of Business 1685 LIGHTSEY RD Suite, Apt. #, etc. 6		3. Mailing Address 1685 LIGHTSEY ROAD Suite, Apt. #, etc.																					
City & State SAINT AUGUSTINE FL Zip 32084-8259		City & State SAINT AUGUSTINE, FL Zip 32084-8259																					
4. FEI Number 94-3414580		Applied For Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																					
6. Name and Address of Current Registered Agent  POTTER, FRANCIS 2518 PIERCE STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name FRANCIS POTTER Street Address (P.O. Box Number is Not Acceptable) 1685 LIGHTSEY ROAD City SAINT AUGUSTINE FL Zip Code 32084																					
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>F POTTER</u>  DATE <u>2/7/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:15%;">STREET ADDRESS</td> <td style="width:15%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>P GORDON, JAMIE</td> <td>2518 PIERCE ST</td> <td>HOLLYWOOD, FL</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>		P GORDON, JAMIE	2518 PIERCE ST	HOLLYWOOD, FL		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:15%;">STREET ADDRESS</td> <td style="width:15%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td>P JAMIE GORDON</td> <td>1685 LIGHTSEY ROAD</td> <td>SAINT AUGUSTINE FL 32084</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		P JAMIE GORDON	1685 LIGHTSEY ROAD	SAINT AUGUSTINE FL 32084	
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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>JAMIE GORDON</u> 		Date <u>2/7/06</u> Daytime Phone #																					