# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L01000017226**

1. Entity Name
POSHMAIL, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1685 LIGHTSEY RD<br>SAINT AUGUSTINE, FL 32084-8259 | 1685 LIGHTSEY RD<br>SAINT AUGUSTINE, FL 32084-8259 |

## DO NOT WRITE IN THIS SPACE

04052008 No Chg-LLC        CR2E083 (12/07)

| 4. FEI Number | Applied For |
|---|---|
| 94-3414580 | Not Applicable |

5. Certificate of Status Desired ☐  **$5.00** Additional Fee Required

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

POTTER, FRANCIS
1685 LIGHTSEY RD
SAINT AUGUSTINE, FL 32084

## 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)     DATE

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**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

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**9.        MANAGING MEMBERS/MANAGERS**

| | |
|---|---|
| TITLE | P |
| NAME | GORDON, JAMIE |
| STREET ADDRESS | 1685 LIGHTSEY RD |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32084 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

U00000894504
04/24/08-80030-013 138.75

## 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: _____  FRANCIS POTTER , 4/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE     Date     Daytime Phone #