

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056418

Entity Name: P.O.S. PROPERTIES, LLC

FILED  
Feb 01, 2008  
Secretary of State

**Current Principal Place of Business:**

3664 HEDRICK ST  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

3664 HEDRICK ST  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 06-1779099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAKER, ROBERT M  
3664 HEDRICK ST  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: STARMER, CHRISTINA  
Address: 2962 HERSCHEL ST  
City-St-Zip: JACKSONVILLE, FL 32205

Title: CEO ( ) Delete  
Name: STARMER, JEFFERY  
Address: 2962 HERSCHEL ST  
City-St-Zip: JACKSONVILLE, FL 32205

Title: SEC ( ) Delete  
Name: BAKER, ROBERT  
Address: 3664 HEDRICK ST  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT BAKER

SEC

02/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date