


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 04, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90053 006 \*\*\*138.75

<b>DOCUMENT # L06000078163</b> 1. Entity Name <b>POSH FLOPS, LLC</b>					
Principal Place of Business <b>39 N. PINE CIRCLE</b> <b>BELLAIR, FL 33756 US</b>			Mailing Address <b>39 N. PINE CIRCLE</b> <b>BELLAIR, FL 33756 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State <b>Belleair, FL</b> Zip		4. FEI Number <b>20-5335939</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NOLE, TAMMY</b> <b>39 N. PINE CIRCLE</b> <b>BELLAIR, FL 33756</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>Belleair</b> <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOLE, TAMMY 39 N. PINE CIRCLE BELLAIR, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELL, MICHELLE 39 N. PINE CIRCLE BELLAIR, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Tammy Nole</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>7-18-08</u> <small>Date</small>		<u>727 463 4630</u> <small>Daytime Phone #</small>