2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# L06000078163

Entity Name: POSH FLOPS, LLC

Current Principal Place of Business:

39 N. PINE CIRCLE
BELLAIR, FL 33756 US

New Principal Place of Business:

39 N. PINE CIRCLE
BELLEAIR, FL 33756 US

Current Mailing Address:

39 N. PINE CIRCLE
BELLEAIR, FL 33756 US

New Mailing Address:

FEI Number: 20-5335939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLE, TAMMY
39 N. PINE CIRCLE
BELLEAIR, FL 33756 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: MGR ( ) Delete
Name: NOLE, TAMMY
Address: 39 N. PINE CIRCLE
City-St-Zip: BELLAIR, FL 33756 US

Title: MGR ( ) Delete
Name: BELL, MICHELLE
Address: 39 N. PINE CIRCLE
City-St-Zip: BELLAIR, FL 33756 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NOLE, TAMMY
Address: 39 N. PINE CIRCLE
City-St-Zip: BELLEAIR, FL 33756 US

Title: MGR (X) Change ( ) Addition
Name: BELL, MICHELLE
Address: 39 N. PINE CIRCLE
City-St-Zip: BELLEAIR, FL 33756 US

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: TAMMY NOLE MGR 04/11/2009

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