

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050762

FILED
Apr 28, 2009
Secretary of State

Entity Name: POSH ROCK, LLC

Current Principal Place of Business:

4367 KING EDWARD DR.
ORLANDO, FL 32826

New Principal Place of Business:

6165 RALEIGH ST
1513
ORLANDO, FL 32835 US

Current Mailing Address:

4367 KING EDWARD DR.
ORLANDO, FL 32826

New Mailing Address:

P.O BOX 1642
WINDERMERE, FL 34786 US

FEI Number: 26-0354181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, ALBERT
4367 KING EDWARD DRIVE
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

RICHARDS, ALBERT
6165 RALEIGH ST
1513
ORLANDO, FL 32835 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RICHARDS, ALBERT
Address: 4367 KING EDWARD DRIVE
City-St-Zip: ORLANDO, FL 32826

Title: MGR () Delete
Name: STEPHENS, OREN
Address: 4367 KING EDWARD DRIVE
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RICHARDS, ALBERT
Address: 6165 RALEIGH ST SUITE 1513
City-St-Zip: ORLANDO, FL 32835

Title: MGR (X) Change () Addition
Name: STEPHENS, OREN
Address: 6165 RALEIGH ST
City-St-Zip: ORLANDO, FL 32835

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: ALBERT RICHARDS

MGRM

04/28/2009

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