

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052623

FILED
Feb 18, 2008
Secretary of State

Entity Name: POSH TAMPA, LLC

Current Principal Place of Business:

1015 SE FORT KING STREET
OCALA, FL 34471

New Principal Place of Business:

1015 E FORT KING STREET
OCALA, FL 34471

Current Mailing Address:

1015 SE FORT KING STREET
OCALA, FL 34471

New Mailing Address:

3101 SW 34TH AVE
BOX 905-216
OCALA, FL 34474

FEI Number: 26-1624348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANASTASIA, JOHN R
1015 SE FORT KING STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

ANASTASIA, JOHN R
1015 E FORT KING STREET
OCALA, FL 34471 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:

02/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: ANASTASIA, JOHN R
Address: 1015 E FT. KING ST
City-St-Zip: Ocala, FL 34471

Title: V () Change (X) Addition
Name: BARNER, RICH
Address: 1951 SW 18TH CT SUITE C
City-St-Zip: Ocala, FL 34471

Title: S () Change (X) Addition
Name: ANASTASIA, TINA
Address: 1015 E FT. KING ST
City-St-Zip: Ocala, FL 34471

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: JOHN ANASTASIA

P

02/18/2008

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