2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061804

Entity Name: POSH BOWTIQUE LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2896 ARMADILLO DRIVE PALM HARBOR, FL 34683 US	4085 ARLINGTON DR. PALM HARBOR, FL 34685 US

Current Mailing Address:	**New Mailing Address:**
2896 ARMADILLO DRIVE PALM HARBOR, FL 34683 US	4085 ARLINGTON DR. PALM HARBOR, FL 34685 US

FEI Number: 26-0324743   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
RODRIGUEZ, KERRI T 2896 ARMADILLO DRIVE PALM HARBOR, FL 34683 US	MAHAZ, KEIRSTEN D 4085 ARLINGTON DR. PALM HARBOR, FL 34685 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: KEIRSTEN D. MAHAZ   01/15/2008
_____
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	RODRIGUEZ, KERRI T	Name:	MAHAZ, KEIRSTEN D
Address:	2896 ARMADILLO DRIVE	Address:	4085 ARLINGTON DR.
City-St-Zip:	PALM HARBOR, FL 34683 US	City-St-Zip:	PALM HARBOR, FL 34685 US
Title:	MGRM (X) Delete	Title:	( ) Change ( ) Addition
Name:	MAHAZ, KEIRSTEN D	Name:	
Address:	1872 EAGLE TRACE BOULEVARD	Address:	
City-St-Zip:	PALM HARBOR, FL 34685	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: KEIRSTEN D. MAHAZ   MGR   01/15/2008
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date