

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007172

Entity Name: MYPOS,LLC

FILED  
Mar 21, 2009  
Secretary of State

**Current Principal Place of Business:**

8565 SW SEA CAPTAIN DR  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

8565 SW SEA CAPTAIN DR  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 26-1793904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCOTT, ARTHUR G  
8565 SW SEA CAPTAIN DR  
STUART, FL 34997 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: MGRM ( ) Delete  
Name: SCOTT, ARTHUR G  
Address: 8565 SW SEA CAPTAIN DR  
City-St-Zip: STUART, FL 34997 US

Title: MGRM ( ) Delete  
Name: LAGERMAN, BRENT P  
Address: 1109 PROSPECT AVE #3A  
City-St-Zip: BROOKLYN, NY 11218 US

Title: MGRM ( ) Delete  
Name: WILSON, JERRY D  
Address: 2338 CERBERUS DR  
City-St-Zip: APOKA, FL 32712 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ARTHUR G SCOTT

MGRM

03/21/2009

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