

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000032767

**FILED
Jun 01, 2010
Secretary of State**

Entity Name: POS TRAINING SOLUTIONS, L.L.C.

Current Principal Place of Business:

2663 BLUE CYPRESS LAKE CT
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

2663 BLUE CYPRESS LAKE CT
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

O'BRIEN, TIMOTHY
2663 BLUE CYPRESS LAKE CT
CAPE CORAL, FL 33909 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: TIMOTHY O'BRIEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: O'BRIEN, TIMOTHY
Address: 2663 BLUE CYPRESS LAKE CT
City-St-Zip: CAPE CORAL, FL 33909

Title: MGR
Name: O'BRIEN, ANGELA
Address: 2663 BLUE CYPRESS LAKE COURT
City-St-Zip: CAPE CORAL, FL 33909

I hereby 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: TIMOTHY O'BRIEN

MRG

06/01/2010

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