

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000032767

**FILED**  
**May 01, 2012**  
**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 ( )**

**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:**

\_\_\_\_\_  
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 OBRIEN

MGR

05/01/2012

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