

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054570

FILED
Apr 23, 2009
Secretary of State

Entity Name: POSCH TIES LLC

Current Principal Place of Business:

195 CYPRESS WAY, UNIT 4
NAPLES, FL 34110

New Principal Place of Business:

195 CYPRESS WAY,
SUITE #4
NAPLES, FL 34110

Current Mailing Address:

195 CYPRESS WAY, UNIT 4
NAPLES, FL 34110

New Mailing Address:

195 CYPRESS WAY
SUITE #4
NAPLES, FL 34110

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSCH, ROBERT
195 CYPRESS WAY, UNIT 4
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

POSCH, ROBERT
195 CYPRESS WAY
SUITE #4
NAPLES, FL 34110 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: ROBERT POSCH

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POSCH, ROBERT
Address: 195 CYPRESS WAY, UNIT 4
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: LEONETTI, CHRISTINE
Address: 195 CYPRESS WAY, UNIT 4
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

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: CHRISTINE LEONETTI

MGRM

04/23/2009

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