

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054570

FILED  
Mar 02, 2011  
Secretary of State

Entity Name: POSCH TIES LLC

**Current Principal Place of Business:**

195 CYPRESS WAY,  
SUITE #4  
NAPLES, FL 34110

**New Principal Place of Business:**

195 CYPRESS WAY  
SUITE #4  
NAPLES, FL 34110

**Current Mailing Address:**

195 CYPRESS WAY,  
SUITE #4  
NAPLES, FL 34110

**New Mailing Address:**

195 CYPRESS WAY  
SUITE #4  
NAPLES, FL 34110

FEI Number: 37-1603424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POSCH, ROBERT  
195 CYPRESS WAY  
SUITE #4  
NAPLES, FL 34110 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: POSCH, ROBERT  
Address: 195 CYPRESS WAY, UNIT 4  
City-St-Zip: NAPLES, FL 34110

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

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: ROBERT POSCH

PRES

03/02/2011

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