2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063911

Name:

Entity Name: POS-TECH SOLUTIONS, LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

890 PALMETTO POINTE CIRCLE 429 SW 44TH TERRACE CAPE CORAL, FL 33991 CAPE CORAL, FL 33914

Current Mailing Address: New Mailing Address:

890 PALMETTO POINTE CIRCLE 429 SW 44TH TERRACE CAPE CORAL, FL 33914 CAPE CORAL, FL 33991

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

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

IVERSON, PAUL IVERSON, PAUL 890 PALMETTO POINTE CIRCLE 429 SW 44TH TERRACE CAPE CORAL, FL 33991 US CAPE CORAL, FL 33914

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: PAUL IVERSON 04/29/2009

Electronic Signature of Registered Agent Date

Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

IVERSON, PAUL IVERSON, PAUL Address: 890 PALMETTO POINTE CIRCLE Address: 429 SW 44TH TERRACE City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: CAPE CORAL, FL 33914

Title: MGR () Delete Title: () Change () Addition

Name: HARTZELL, DONALD V Name: Address: 270 SW NATURA AVE Address: City-St-Zip: DEERFIELD BEACH, FL 33441 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: PAUL IVERSON **MGRM** 04/29/2009