

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000054570

**Entity Name:** POSCH TIES LLC

**Current Principal Place of Business:**

195 CYPRESS WAY  
SUITE #4  
NAPLES, FL 34110

**Current Mailing Address:**

195 CYPRESS WAY  
SUITE #4  
NAPLES, FL 34110

**FEI Number:** 37-1603424

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            MGR  
Name            POSCH, ROBERT  
Address        195 CYPRESS WAY, UNIT 4  
City-State-Zip: NAPLES FL 34110

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

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT L POSCH

**CEO**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date