

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102165

**Entity Name:** POSA ENTERPRISE, LLC

**Current Principal Place of Business:**

36 INTERLAKEN RD  
ORLANDO, FL 32804

**Current Mailing Address:**

36 INTERLAKEN RD  
ORLANDO, FL 32804 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VOLLENWEIDER, STACY S  
5516 INDIGO CROSSING DR  
ROCKLEDGE, FL 32955 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 MGRM  
Name VOLLENWEIDER, STACY S  
Address 5516 INDIGO CROSSING DR  
City-State-Zip: ROCKLEDGE FL 32955

Title MGRM  
Name SPEARS, JUDY A  
Address 36 INTERLAKEN RD  
City-State-Zip: ORLANDO FL 32804

Title MGRM  
Name DOBBS, JESSICA E  
Address 3801 GRANT AVE  
City-State-Zip: ORLANDO FL 32804

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUDY A SPEARS

04/12/2013

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

\_\_\_\_\_ Date