

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000008933

**Entity Name:** POA MANAGEMENT (FLORIDA) LLC

**Current Principal Place of Business:**

13611 S. DIXIE HWY  
SUITE 109-360  
MIAMI, FL 33176

**Current Mailing Address:**

13611 S. DIXIE HWY  
SUITE 109-360  
MIAMI, FL 33176 US

**FEI Number:** 45-1537022

**Certificate of Status Desired:** No

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

PROFESSIONAL REGISTERED AGENTS LLC  
13611 S. DIXIE HWY  
SUITE 109-360  
MIAMI, FL 33176 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 POA MANAGEMENT LTD.  
Address TRIDENT CHAMBERS, P.O. BOX 146  
City-State-Zip: ROAD TOWN, TORTOLA - BVI

*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:** ABRAHM SMITH

ATTY

01/07/2015

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

\_\_\_\_\_  
Date