

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000145039

**Entity Name:** POSM SOFTWARE LLC

**Current Principal Place of Business:**

6103 N ATLANTIC AVE.  
C/O M-E ACCOUNTING SUITE H  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

6103 N ATLANTIC AVE  
C/O M-E ACCOUNTING SUITE H  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 46-3897730

**Certificate of Status Desired:** Yes

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

KATTER, ROBERT  
6103 N ATLANTIC AVE.  
C/O M-E ACCOUNTING SUITE H  
CAPE CANAVERAL, FL 32920 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 KATTER, ROBERT MYERS  
Address 6103 N ATLANTIC AVE.  
C/O M-E ACCOUNTING SUITE H  
City-State-Zip: CAPE CANAVERAL, FL 32920

*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 M KATTER

**PRESIDENT**

**01/10/2017**

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

\_\_\_\_\_  
Date