

**2023 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	PRESIDENT	Title	AUTHORIZED REPRESENTATIVE
Name	KATTER, ROBERT MYERS	Name	O'NEAL, MEGAN
Address	6103 N ATLANTIC AVE. C/O M-E ACCOUNTING SUITE H	Address	6103 N ATLANTIC AVE. C/O M-E ACCOUNTING SUITE H
City-State-Zip:	CAPE CANAVERAL, FL 32920	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:** MEGAN O'NEAL

**ACCOUNTING &  
COMPLIANCE**

**01/12/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date