## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000038659

Entity Name: PO PRODUCTS LLC

**Current Principal Place of Business:** 

6402 HOLLOMAN CREEK CT. PLANT CITY, FL 33565

**Current Mailing Address:** 

6402 HOLLOMAN CREEK CT. PLANT CITY, FL 33565 US

FEI Number: 46-4523978 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILCHER, SHAWN W 6402 HOLLOMAN CREEK CT. PLANT CITY, FL 33565 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: SHAWN MILCHER 01/27/2016

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title AMBR

Name MILCHER, SHAWN

Address 6402 HOLLOMAN CREEK CT.

City-State-Zip: PLANT CITY FL 33565

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: SHAWN MILCHER OWNER 01/27/2016

FILED Jan 27, 2016

**Secretary of State** 

CC2986859190

Date