

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000119173

**Entity Name:** POS CLOTHING SHOP LLC

**Current Principal Place of Business:**

2912 JUSTINA RD APT 8  
JACKSONVILLE , FL 32277

**Current Mailing Address:**

2912 JUSTINA RD APT 8  
JACKSONVILLE, FL 32277 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

MCPHEE, CHRISTOPHER  
2912 JUSTINA RD APT 8  
JACKSONVILLE, FL 32277 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 AMBR  
Name MCPHEE, CHRISTOPHER  
Address 2912 JUSTINA RD APT 8  
City-State-Zip: JACKSONVILLE FL 32277

Title AMBR  
Name MCPHEE, ROME  
Address 2912 JUSTINA RD APT 8  
City-State-Zip: JACKSONVILLE FL 32277

*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: CHRISTOPHER MCPHEE**

**MEMBER**

**04/30/2021**

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

\_\_\_\_\_  
Date