

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000059607

**Entity Name:** POWER PROTECT EXTENDED SERVICES FLORIDA, INC.

**Current Principal Place of Business:**

3161 MICHELSON DRIVE  
STE. 1900  
IRVINE, CA 92612

**FILED**  
**Apr 18, 2023**  
**Secretary of State**  
**3954793160CC**

**Current Mailing Address:**

3161 MICHELSON DRIVE  
STE. 1900  
IRVINE, CA 92612 US

**FEI Number: 47-1337660**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title            PRESIDENT AND DIRECTOR  
Name            WILLIAMS, ROSS C.  
Address        3161 MICHELSON DRIVE  
                  SUITE 1900  
City-State-Zip: IRVINE CA 92612

Title            SECRETARY AND DIRECTOR  
Name            MOORE, CAROL J.  
Address        3161 MICHELSON DRIVE  
                  SUITE 1900  
City-State-Zip: IRVINE CA 92612

Title            TREASURER  
Name            YOON, CHARLEY CHANGMIN  
Address        3161 MICHELSON DRIVE  
                  SUITE 1900  
City-State-Zip: IRVINE CA 92612

Title            VICE PRESIDENT AND DIRECTOR  
Name            LIM, KWAN MOOK  
Address        3161 MICHELSON DRIVE  
                  STE. 1900  
City-State-Zip: IRVINE CA 92612

Title            VICE PRESIDENT  
Name            LEONE, ANDREW  
Address        3161 MICHELSON DRIVE  
                  STE. 1900  
City-State-Zip: IRVINE CA 92612

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CAROL J. MOORE**

**SECRETARY**

**04/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date