## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036831

Entity Name: NEW POWER ORGANIZATION, LLC

**Current Principal Place of Business:** 

10416 ALTA DRIVE

JACKSONVILLE. FL 32226

**Current Mailing Address:** 

2823 ST JOHNS BLUFF ROAD SOUTH JACKSONVILLE. FL 32246 US

FEI Number: 90-0113588 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, LAURENCE 10416 ALTA DRIVE JACKSONVILLE, FL 32226 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

FILED Apr 29, 2015

**Secretary of State** 

CC1844051321

Authorized Person(s) Detail:

Title MGRM Title MGRM

NameANDERSON, LAURENCE MR.NameCAMPION, JOHN MR.Address10416 ALTA DRIVEAddress10416 ALTA DRIVE

City-State-Zip: JACKSONVILLE FL 32226 City-State-Zip: JACKSONVILLE FL 32226

Title CFO

Name UDELL, ROBERT

Address 2823 ST JOHNS BLUFF ROAD SOUTH

City-State-Zip: JACKSONVILLE FL 32246

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 UDELL

Electronic Signature of Signing Authorized Person(s) Detail

**CFO** 

04/29/2015