

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000117328

Entity Name: POWELL GP LLC

Current Principal Place of Business:

36750 US HWY 19 NORTH
PALM HARBOR, FL 34684

Current Mailing Address:

36750 US HWY 19 NORTH
PALM HARBOR, FL 34684 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POWELL, JUNE
36750 US HWY 19 NORTH
PALM HARBOR, FL 34684 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 MGRM
Name POWELL, JUNE
Address 36750 US HWY 19 NORTH
City-State-Zip: PALM HARBOR FL 34684

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: JUNE POWELL

MANAGER

03/26/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date