

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000087029

Entity Name: POWER STROKE PERFORMANCE SPECIALTIES, LLC

Current Principal Place of Business:

5660 DIVISION DRIVE
FORT MYERS, FL 33905

Current Mailing Address:

5660 DIVISION DRIVE
FORT MYERS, FL 33905

FEI Number: 46-2995513

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

POKORNY, NEIL I
5660 DIVISION DRIVE
FORT MYERS, FL 33905 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 POKORNY, ANDREW G
Address 5660 DIVISION DRIVE
City-State-Zip: FORT MYERS FL 33905

Title MGRM
Name POKORNY, NEIL I
Address 5660 DIVISION DRIVE
City-State-Zip: FORT MYERS FL 33905

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: NEIL POKORNY

OWNER

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date