

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000145372

**FILED**  
**Jun 25, 2015**  
**Secretary of State**  
**CC1133632248**

**Entity Name:** POWER RENTAL ASSET CO LLC

**Current Principal Place of Business:**

3600 PORT JACKSONVILLE PARKWAY  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

3600 PORT JACKSONVILLE PARKWAY  
JACKSONVILLE, FL 32226

**FEI Number:** 46-3942134

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
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:** JILL CILMI, ASSISTANT CIVE PRESIDENT

06/25/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CFO, DIRECTOR  
Name MUNRO, LEE  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

Title SECRETARY  
Name LIST, STEVEN  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

Title TREASURER, DIRECTOR  
Name SEE, BENJAMIN  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

Title AUTHORIZED MEMBER  
Name APR ENERGY HOLDINGS LIMITED  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

Title CEO, DIRECTOR  
Name ANDERSON, GREGORY LAURENCE  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

Title ASST. TREASURER  
Name KIBLER, ELISABETH  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

Title ASST. SECRETARY  
Name BEAN, WESLEY  
Address 3600 PORT JACKSONVILLE PARKWAY  
City-State-Zip: JACKSONVILLE FL 32226

*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:** STEVEN LIST

**SECRETARY**

06/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date