

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000145372

**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:** Yes

**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

04/27/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	TREASURER	Title	AUTHORIZED MEMBER
Name	SEE, BENJAMIN	Name	APR ENERGY HOLDINGS LIMITED
Address	3600 PORT JACKSONVILLE PARKWAY	Address	3600 PORT JACKSONVILLE PARKWAY
City-State-Zip:	JACKSONVILLE FL 32226	City-State-Zip:	JACKSONVILLE FL 32226
Title	ASST. TREASURER	Title	COO
Name	KIBLER, ELISABETH	Name	FERRY, CHARLES
Address	3600 PORT JACKSONVILLE PARKWAY	Address	3600 PORT JACKSONVILLE PARKWAY
City-State-Zip:	JACKSONVILLE FL 32226	City-State-Zip:	JACKSONVILLE FL 32226
Title	CFO	Title	CHIEF COMMERCIAL OFFICER
Name	CROWELL, RON	Name	WILCOCK, SEAN
Address	3600 PORT JACKSONVILLE PARKWAY	Address	3600 PORT JACKSONVILLE PARKWAY
City-State-Zip:	JACKSONVILLE FL 32226	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:** BENJAMIN SEE

**TREASURER**

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date