

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000223869

**Entity Name:** LENCO MARINE SOLUTIONS, LLC

**Current Principal Place of Business:**

4700 SE MUNICIPAL COURT  
STUART, FL 34997

**FILED**  
**Jan 19, 2021**  
**Secretary of State**  
**7535290766CC**

**Current Mailing Address:**

26125 N. RIVERWOODS BLVD.  
SUITE 500  
METTAWA, IL 60045 US

**FEI Number: 65-0812706**

**Certificate of Status Desired: No**

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

CT 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            SCHUESSLER, THOMAS  
Address        3131 N. ANDREWS AVENUE  
                  EXTENSION  
City-State-Zip: POMPANO BEACH FL 33064

Title            SECRETARY, VP  
Name            LOUBE, NANCY J.  
Address        26125 N. RIVERWOODS BLVD.  
                  SUITE 500  
City-State-Zip: METTAWA IL 60045

Title            TREASURER  
Name            LANG, JOHN  
Address        N85 W12545 WESTBROOK CROSSING  
City-State-Zip: MENOMONEE FALLS WI 53051

Title            ASST. SECRETARY  
Name            FORAN, JULIANNE  
Address        26125 N. RIVERWOODS BLVD.  
                  SUITE 500  
City-State-Zip: METTAWA IL 60045

Title            AUTHORIZED MEMBER  
Name            POWER PRODUCTS, LLC  
Address        N85, W12545 WESTBROOK  
                  CROSSING  
City-State-Zip: MENOMONEE FALLS WI 53051

*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: NANCY LOUBE**

**VICE PRESIDENT**

**01/19/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date