

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000233025

**Entity Name:** CENTRAL POWER SYSTEMS OF FLORIDA, LLC

**Current Principal Place of Business:**

3700 PARAGON DR  
COLUMBUS, OH 43228

**Current Mailing Address:**

3700 PARAGON DR  
COLUMBUS, OH 43228 US

**FEI Number:** 59-3411119

**Certificate of Status Desired:** No

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

CLARY, MARY BETH M  
9132 STRADA PL THIRD FLOOR  
NAPLES, FL 34108-2683 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 AMBR  
Name CONNOLLY FINN GONZAL, JENNIFER  
Address 3700 PARAGON DR  
City-State-Zip: COLUMBUS OH 43228

Title AMBR  
Name FINN, JOHN T  
Address 3700 PARAGON DR  
City-State-Zip: COLUMBUS OH 43228

Title AMBR  
Name FINN CALL, MARY KATHERINE  
Address 3700 PARAGON DR  
City-State-Zip: COLUMBUS OH 43228

Title AMBR  
Name FINN, MATTHEW J  
Address 3700 PARAGON DR  
City-State-Zip: COLUMBUS OH 43228

Title AMBR  
Name FINN, PATRICK M  
Address 3700 PARAGON DR  
City-State-Zip: COLUMBUS OH 43228

*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:** JOHN T FINN

**CEO**

**02/11/2021**

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

\_\_\_\_\_  
Date