

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000008096

**Entity Name:** POWER9 LLC

**Current Principal Place of Business:**

1730 S FEDERAL HWY  
340  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

1730 S FEDERAL HWY  
340  
DELRAY BEACH, FL 33483 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST 4TH FLOOR  
MIAMI, FL 33145 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           | MGR                       | Title           | S                         |
| Name            | MUSSELMAN, STACY          | Name            | MUSSELMAN, STACY          |
| Address         | 1730 S FEDERAL HWY<br>340 | Address         | 1730 S FEDERAL HWY<br>340 |
| City-State-Zip: | DELRAY FL 33483           | City-State-Zip: | DELRAY BEACH FL 33483     |

*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:** STACY MUSSELMAN

**CEO**

**02/02/2021**

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

\_\_\_\_\_  
Date