

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000163493

Entity Name: POWER PROS OF JAX, LLC

Current Principal Place of Business:

8333 CROSS TIMBERS DR E
JACKSONVILLE, FL 32244

Current Mailing Address:

8333 CROSS TIMBERS DR E
JACKSONVILLE, FL 32244 US

FEI Number: 84-2973756

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, TRAVIS A
8333 CROSS TIMBERS DR E
JACKSONVILLE, FL 32244 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	COO	Title	MANAGER
Name	WALKER, TRAVIS A	Name	WALKER, KATHERINE M
Address	8333 CROSS TIMBERS DR E	Address	8333 CROSS TIMBERS DR E
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	JACKSONVILLE FL 32244

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: KATHERINE M WALKER

MANAGER

05/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date