

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000163493

**Entity Name:** POWER PROS OF JAX, LLC

**Current Principal Place of Business:**

8319 CROSS TIMBERS DR E  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

8319 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  
8319 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  
Name            WALKER, TRAVIS A  
Address        8319 CROSS TIMBERS DR E  
City-State-Zip: JACKSONVILLE FL 32244

Title            MANAGER  
Name            WALKER, KATHERINE M  
Address        8319 CROSS TIMBERS DR E  
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: TRAVIS WALKER**

**COO**

**01/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date