

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000127858

Entity Name: POWER PROS ELECTRICAL SERVICE LLC

Current Principal Place of Business:

2179 LAKE BROOKE DRIVE
TALLAHASSEE, FL 32303

Current Mailing Address:

PO BOX 180386
TALLAHASSEE, FL 32318 US

FEI Number: 85-1108414

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOSTETTER, JOHN T
585 COLLINS ROAD 1
HAVANA, FL 32333 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
Name BIBBEE, ROBERT B JR
Address 4390 SHEREBORNE ROAD
City-State-Zip: TALLAHASSEE FL 32303

Title CEO
Name BIBBEE, ROBERT B JR
Address 4390 SHEREBORNE ROAD
City-State-Zip: TALLAHASSEE FL 32303

Title AMBR
Name HOSTETTER, JOHN T
Address 585 COLLINS ROAD 1
City-State-Zip: HAVANA FL 32333

Title COO
Name HOSTETTER, JOHN T
Address 585 COLLINS ROAD 1
City-State-Zip: HAVANA FL 32333

Title AMBR
Name BRYAN, STEVEN K
Address P.O. BOX 2512
City-State-Zip: HAVANA FL 32333

Title CAO
Name BRYAN, STEVEN K
Address P.O. BOX 2512
City-State-Zip: HAVANA FL 32333

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: ROBERT B BIBBEE JR.

CEO

03/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date