

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000204955

Entity Name: POWERSTORAGE GROUP LLC**Current Principal Place of Business:**405 APRIL LN.
APOPKA, FL 32712**Current Mailing Address:**405 APRIL LN.
APOPKA, FL 32712**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
36
ORLANDO, FL 32822 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	SALLES GEIB, PETER HENRIQUE FELIPE
Address	405 APRIL LN.
City-State-Zip:	APOPKA FL 32712

Title	AMBR
Name	SCHINCARIOL NETO, CLAUDIO
Address	405 APRIL LN.
City-State-Zip:	APOPKA FL 32712

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: PETER HENRIQUE FELIPE SALLES GEIB

AMBR

01/11/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date