

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000146210

**Entity Name:** POWER PROTECTION SERVICES LLC

**Current Principal Place of Business:**

1755 E. HALLANDALE BEACH BLVD  
APT. 1107  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1755 E. HALLANDALE BEACH BLVD  
APT. 1107  
HALLANDALE BEACH, FL 33009

**FEI Number:** 88-1903573

**Certificate of Status Desired:** No

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

CST BUSINESS GROUP LLC  
1841 JACKSON STREET  
HOLLYWOOD, FL 33020 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 MAESTRE, HORACIO D  
Address 1755 E. HALLANDALE BEACH BLVD,  
APT 1107  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** HORACIO D. MAESTRE

**MANAGER**

**05/01/2023**

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

\_\_\_\_\_  
Date