

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004140

**Entity Name:** SURE POWER CONSULTING, LLC

**Current Principal Place of Business:**

925 NORTH POINT PKWY  
SUITE 140  
ALPHARETTA, GA 30005

**Current Mailing Address:**

925 NORTH POINT PKWY  
SUITE 140  
ALPHARETTA, GA 30005 US

**FEI Number:** 26-3831086

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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           MANAGING PARTNER, MEMBER  
Name           SUTTON, STEVE  
Address        925 NORTH POINT PKWY  
                  SUITE 140  
City-State-Zip: ALPHARETTA GA 30005

Title           CEO, MEMBER  
Name           SOMERVILLE , DEREK  
Address        925 NORTH POINT PKWY  
                  SUITE 140  
City-State-Zip: ALPHARETTA GA 30005

Title           VP, FINANCE  
Name           KIRCHNER, JOHN  
Address        925 NORTH POINT PKWY  
                  SUITE 140  
City-State-Zip: ALPHARETTA GA 30005

Title           COO  
Name           PAGE, JIM  
Address        925 NORTH POINT PKWY  
                  SUITE 140  
City-State-Zip: ALPHARETTA GA 30005

*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:** DEREK SOMERVILLE

**CEO**

**04/21/2023**

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

\_\_\_\_\_  
Date