## **2020 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

FILED Apr 28, 2020

**Secretary of State** 

5748524572CC

Authorized Person(s) Detail :

Title MANAGING PARTNER Title CEO

Name SUTTON, STEVE Name SOMERVILLE, DEREK

Address 925 NORTH POINT PKWY Address 925 NORTH POINT PKWY

SUITE 140 SUITE 140

City-State-Zip: ALPHARETTA GA 30005 City-State-Zip: ALPHARETTA GA 30005

Title CONTROLLER Title VP

Name KIRCHNER, JOHN Name PAGE, JIM

Address 925 NORTH POINT PKWY Address 925 NORTH POINT PKWY

SUITE 140 SUITE 140

City-State-Zip: ALPHARETTA, GA 30005 City-State-Zip: ALPHARETTA GA 30005

Title MEMBER Title MEMBER

Name SOMERVILLE, DEREK Name SUTTON, STEVE

Address 925 NORTH POINT PKWY Address 925 NORTH POINT PKWY

SUITE 140 SUITE 140

City-State-Zip: ALPHARETTA GA 30005 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.