

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000008124

Entity Name: ROCKET POWER OPS LLC

Current Principal Place of Business:

999 W. BIG BEAVER ROAD
TROY, MI 48084

Current Mailing Address:

999 W. BIG BEAVER ROAD
TROY, MI 48084 US

FEI Number: 83-2858359

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 BUSINESS OPERATIONS
Name MACEACHERN, AYL
Address 9000 CROW CANYON RD.
SUITE#132
City-State-Zip: DANVILLE CA 94506

Title ASSISTANT SECRETARY
Name WILLIAMS, VANESSA
Address 999 W. BIG BEAVER ROAD
City-State-Zip: TROY MI 48084

Title ASSISTANT TREASURER
Name SEMENTKOWSKI, NICOLE
Address 999 W. BIG BEAVER ROAD
City-State-Zip: TROY MI 48084

Title PRESIDENT
Name QUIGLEY, PETER
Address 999 W. BIG BEAVER ROAD
City-State-Zip: TROY MI 48084

Title SECRETARY
Name POLEHNA, JAMES
Address 999 W. BIG BEAVER ROAD
City-State-Zip: TROY MI 48084

Title TREASURER
Name ORSINI, MICHAEL
Address 999 W. BIG BEAVER ROAD
City-State-Zip: TROY MI 48084

Title VP
Name BROWNING, TAMMY
Address 999 W. BIG BEAVER ROAD
City-State-Zip: TROY MI 48084

Title VP
Name EMERY, BRADLEY
Address 999 W. BIG BEAVER ROAD
City-State-Zip: TROY MI 48084

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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: AYL MACEACHERN

**ASSOCIATE PROJECT
MANAGER**

03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name LOCKHART, LAURA
Address 999 W. BIG BEAVER ROAD
City-State-Zip: TROY MI 48084

Title VP
Name THIROT, OLIVER
Address 999 W. BIG BEAVER ROAD
City-State-Zip: TROY MI 48084