

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000992

FILED
Aug 25, 2009
Secretary of State

Entity Name: POWER GROUP INVESTMENT LLC

Current Principal Place of Business:

6007 N. GOLDEN BEAUTY LN
TAMARAC, FL 33321

New Principal Place of Business:

3000 PALM TRACE LANDINGS DR.
SUITE # 101
DAVIE, FL 33314

Current Mailing Address:

6007 N. GOLDEN BEAUTY LN
TAMARAC, FL 33321

New Mailing Address:

3000 PALM TRACE LANDINGS DR.
SUITE # 101
DAVIE, FL 33314

FEI Number: 65-1002340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAMOTHE, FERNAND
6007 N. GOLDEN BEAUTY LN.
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

LAMOTHE, FERNAND
3000 PALM TRACE LANDINGS DR.
SUITE # 101
DAVIE, FL 33314 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:

08/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAMOTHE, FERNAND
Address: 6007 N. GOLDEN BEAUTY LN.
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAMOTHE, FERNAND
Address: 3000 PALM TRACE LANDINGS DR. SUITE # 101
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: FERNAND LAMOTHE

MGRM

08/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date