

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90050 020 \*\*\*\*50.00

**DOCUMENT # L01000012362**

1. Entity Name

**PORT POWER CONSULTANTS, LLC**



Principal Place of Business

**1431 SOUTH OCEAN BLVD., PALM CLUB #96  
POMPANO BEACH FL 33062**

Mailing Address

**1431 SOUTH OCEAN BLVD., PALM CLUB #96  
POMPANO BEACH FL 33062**

**20007331**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2574379**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOOLEY, LAUREL-ANN  
1431 SOUTH OCEAN BLVD., PALM CLUB #96  
POMPANO BEACH FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGRM</b>			
	<b>BOLIN, KEVIN M MGRM</b>			
	<b>1081 ROSEDALE DRIVE</b>			
	<b>ATLANTA GA 30306</b>			
	<b>MGR</b>			
	<b>DOOLEY, LAUREL-ANN E MGR</b>			
	<b>1431 SOUTH OCEAN BLVD., PALM CLUB #96</b>			
	<b>POMPANO BEACH FL 33062</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/10/03**

Date

**404-875-1969**

Daytime Phone #