

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90134 029 ****55.00

DOCUMENT # L010000 18678

1. Entity Name

Powerline 39, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3939 NW 9 Avenue

3. Mailing Address

2608 SE 21 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Oakland Park FL

City & State

Fort Lauderdale FL

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HAROLD LOVELL

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

2608 SE 21 street

City

Fort Lauderdale

FL

Zip Code

33316

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

H. Lovell

HAROLD LOVELL

4/26/02

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HAROLD LOVELL
2608 SE 21 street
Fort Lauderdale FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CHERYL LOVELL
2608 SE 21 street
Fort Lauderdale FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

H. Lovell

HAROLD LOVELL

4/26/02

954-467-8900

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

Date

Daytime Phone #

CR2E083B (12/01)