

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

DOCUMENT # L02000003361

1. Entity Name

Power Plant Automation Solutions LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -9 AM 8:40

LC
1/15

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
440 Sorrento Court

Suite, Apt. #, etc.

3. Mailing Address
440 Sorrento Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Punta Gorda, FL

City & State
Punta Gorda, FL

4. FEI Number 74-3031531

Applied For
Not Applicable

Zip
33950

Country
US

Zip
33950

Country
US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert S. Rand

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

440 Sorrento Court

City Punta Gorda

FL

Zip Code
33950

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

Signature, typed or printed name of registered agent and fee 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
MGRM, Robert S. Rand
440 Sorrento Court
Punta Gorda, FL 33950

TITLE
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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)(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:

Robert S. Rand

31 Dec 02

941-637-4848

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

Date

Daytime Phone #

CR2E083B (12/04)