

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90029 024 ****50.00

DOCUMENT # L02000015869

1. Entity Name

PRIME POWER CONSULTANTS, LLC



Principal Place of Business

11916 ACORN DRIVE
DAVIE FL 33330

Mailing Address

11916 ACORN DRIVE
DAVIE FL 33330

2. Principal Place of Business

11916 ACORN DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE

City & State

Zip

33330

Country

Broward

Zip

33330

Country

4. FEI Number

46-0484532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, RONALD L
11916 ACORN DRIVE
DAVIE FL 33330

7. Name and Address of New Registered Agent

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

Ronald L Phillips

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

RONALD L Phillips
PRES.
11916 ACORN
DAVIE, FL 33330

TITLE NAME ☐ Delete

V.P. / SECRETARY
RUTH Phillips
11916 ACORN DR
DAVIE, FL 33330

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10. ADDITIONS/CHANGES

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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:

Ronald L Phillips

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

Date

1/12/03

Daytime Phone #

954-474-5915

CR2003 (10/02)