

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0009949

DOCUMENT # L02000019250

1. Entity Name

POWERHOUSE AUTOMATION LLC



FILED

2003 OCT -3 PM 2:40

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1459 LAMPLIGHTER WAY
ORLANDO FL 32818

Mailing Address

1459 LAMPLIGHTER WAY
ORLANDO FL 32818

2. Principal Place of Business

1459 Lamplighter Way

Suite, Apt. #, etc.

3. Mailing Address

1459 Lamplighter Way

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32818

Country

Orange

City & State

Orlando, FL

Zip

32818

Country

Orange

4. FEI Number

54-2065691

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORO, RUBEN D
7345 SAND LAKE RD.
204
ORLANDO FL 32819

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

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COHEN, ROBERT J	
STREET ADDRESS	1459 LAMPLIGHTER WAY	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COHEN, JEFF P	
STREET ADDRESS	1459 LAMPLIGHTER WAY	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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 J Cohen REQUIRED

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

8-2-03 907-234-8800

Date

Daytime Phone #

CR2E083 (4/03)