

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90042 006 ****50.00

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DOCUMENT # L02000032427

1. Entity Name

POWERSPARES TECH SERVICES, LLC



Principal Place of Business

ONE SOUTH OCEAN BOULEVARD, STE 324
BOCA RATON FL 33432

Mailing Address

ONE SOUTH OCEAN BOULEVARD, STE 324
BOCA RATON FL 33432

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

69-3765658

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.
2 ALHAMBRA PLAZA, SUITE 1202
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Michael E. Botos, P.A.
Street Address (P.O. Box Number is Not Acceptable): One North Clematis Street # 400
City: West Palm Beach FL Zip Code: 33401-5552

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

Michael E. Botos, P.A.

August 12, 2003

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
NAME: Agardy, Bruce D.
STREET ADDRESS: One South Ocean Blvd., Ste. 324
CITY-ST-ZIP: Boca Raton FL 33432

☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

Date

Daytime Phone #

8/5/03 561 447 4393

CR2E083 (4/03)

Attachment

Edwards & Angell LLP

One North Clematis Street Suite 400 West Palm Beach, FL 33401 561.833.7700 fax 561.655.8719

90155645

#102000032427

Rebecca Fortuna Black
Direct Dial: (561) 820-0260
Direct Fax: (888) 325-9197
E-Mail: rblack@ealaw.com


September 8, 2003

Uniform Business Report
Division of Corporations
P.O. Box 6478
Tallahassee FL 32314-6478

Dear Sir or Madam:

Enclosed for filing is the Uniform Business Report for **Powerspares Tech Services, LLC**, together with payment of the filing fee in the amount of \$50.00.

Very truly yours,



Rebecca Fortuna Black, CLAS
Corporate Paralegal

Enclosures