

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90031 004 \*\*\*\*50.00

**DOCUMENT # L03000007542**

1. Entity Name  
**POWER MARKETING SOLUTIONS, LLC**



Principal Place of Business  
**4635 CORONADO PARKWAY SUITE 7  
CAPE CORAL, FL 33904**

Mailing Address  
**4635 CORONADO PARKWAY SUITE 7  
CAPE CORAL, FL 33904**

2. Principal Place of Business  
**1490 NE Pine Island Rd  
Suite, Apt. #, etc.  
BLDG 5**

3. Mailing Address  
**1490 NE Pine Island Rd.  
Suite, Apt. #, etc.  
BLDG 5**

City & State  
**Cape Coral, FL**

City & State  
**Cape Coral, FL**

Zip Country  
**33909 USA**

Zip Country  
**33909 USA**

03102006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**06-1683540**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PLASKETT, MILES L  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 3400  
MIAMI, FL 33131**

**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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
COLLINS, ANTHONY V  
401-A HOSPITAL GROUND  
ST THOMAS, VI 00802** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**1490 NE Pine Island Rd., Bldg. 5  
Cape Coral, Fl 33909**

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Anthony V. Collins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/23/06 239 573 1233**  
Date Daytime Phone #