

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90133 029 ****50.00

DOCUMENT # L03000015840

1. Entity Name
POWER PLUS UNLIMITED, L.L.C.



Principal Place of Business
**518 SW SAN JUAN PLACE
LAKE CITY, FL 32025**

Mailing Address
**518 SW SAN JUAN PLACE
LAKE CITY, FL 32025**

44052071

2. Principal Place of Business

518 SW SAN JUAN PLACE

3. Mailing Address

Suite, Apt. #, etc.

08112004 Chg-LLC CR2E083 (10/03)



City & State

LAKE CITY FL.

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32025

Country

Columbia

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNS, LONNIE R JR
518 SW SAN JUAN PLACE
LAKE CITY, FL 32025**

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 September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **JOHNS, LONNIE R JR**
CITY-ST-ZIP **518 SW SAN JUAN PLACE
LAKE CITY, FL 32025**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **JOHNS, JONATHAN M**
CITY-ST-ZIP **ROUTE 12, BOX 53
LAKE CITY, FL 32025**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

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

Date

Daytime Phone #

Lonnie R. Johns Jr. **Lonnie R. Johns Jr.** 8/11/04 386-755-2525