

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055392

FILED
May 06, 2008
Secretary of State

Entity Name: POWER & CONTROL SOLUTIONS LLC

Current Principal Place of Business:

8200 NW 27TH ST # 108
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

8200 NW 27TH ST # 108
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 51-0493909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSTAMANTE, LUIS GERMAN
10750 NW 66TH STREET, APT 308
MIAMI, FL 33178 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ORTIZ, NATALIA
Address: 8200 NW 27TH ST # 108
City-St-Zip: MIAMI, FL 33122 US

Title: MGR () Delete
Name: RAMIREZ, CLAUDIA
Address: 8200 NW 27TH ST # 108
City-St-Zip: MIAMI, FL 33122

Title: MGR () Delete
Name: BUSTAMANTE, LUIS G
Address: 8200 NW 27TH ST # 108
City-St-Zip: MIAMI, FL 33122 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS BUSTAMANTE

MEM

05/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date