2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
05 MAY -4 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-28-05 40299 008 ** 55.00

1st MOORE CR2E083 (10/04)

DOCUMENT # L04000041445

1. Entity Name
POWERS, LLC

Principal Place of Business	Mailing Address
13266 BYRD DRIVE ODESSA FL 33556	13266 BYRD DRIVE ODESSA FL 33556

2. Principal Place of Business	3. Mailing Address
	P O Box 974
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Odessa FL
Zip / Country	Zip: 33556 / Country: USA

4. FEI Number: 65-1248333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POWERS, ROBERT E
18610 WAYNE ROAD
ODESSA FL 33556

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 Robert E Powers President
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 May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POWERS, ROBERT E		NAME	
STREET ADDRESS	18610 WAYNE ROAD		STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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STREET ADDRESS			STREET ADDRESS	JB 5/4
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 E Powers Robert E Powers 3-23-05 (813) 920 3929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #