

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000089067

FILED
Oct 06, 2005
Secretary of State

Entity Name: TRIPOWER SOLUTIONS LLC

Current Principal Place of Business:

8236 NW 199TH TERRACE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

8236 NW 199TH TERRACE
MIAMI, FL 33015

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ORTEGA, RICARDO
8236 NW 199TH TERRACE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

BUSH, JOSEPH
8236 NW 199TH TERRACE
MIAMI, FL 33015 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: JOSEPH BUSH

10/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PARMENTER, ROGER A
Address: 1633 SOUTH LIBERTY
City-St-Zip: ALLIANCE, OH 44601

Title: MGR () Delete
Name: SANDERS, MICHAEL D
Address: 1117 CRESTVIEW DR. SE
City-St-Zip: CEDAR RAPIDS, IA 52403

Title: MGR () Delete
Name: BUSH, JOSEPH E
Address: 8236 NW 199TH TERRACE
City-St-Zip: MIAMI, FL 33015

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 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 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: JOSEPH BUSH

MGR

10/06/2005

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