


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000032417		
1. Entity Name POWER SOLUTIONS, LLC		
Principal Place of Business:	Mailing Address:	
120 NORTH WEST CROWN POINT ROAD SUITE 105 WINTER GARDEN, FL 34787 US	120 W. CROWN POINT ROAD SUITE 105 WINTER GARDEN, FL 34787 US	



01142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2611688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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

JOWERS, GERALD  
120 NORTH WEST CROWN POINT ROAD  
SUITE 105  
WINTER GARDEN, FL 34787

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000793857  
01/25/08-80025-023 150.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JOWERS, GERALD
STREET ADDRESS	120 NORTH WEST CROWN POINT ROAD, SUITE 105
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGRM
NAME	WIRBEL, THOMAS
STREET ADDRESS	1572 AMBEREAM BLVD
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGRM
NAME	HERIGS, HENRY
STREET ADDRESS	16657 BANNER BCH
CITY-ST-ZIP	KENDALL, NY 14476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Thomas Wirbel*

1-14-08

407-654-5351

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

Date

Daytime Phone #