

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 20, 2007 8:00 am**  
**Secretary of State**

07-20-2007 90039 040 \*\*\*\*50.00

DOCUMENT # L05000032476

1. Entity Name  
POWER SOUTH REALTY, LLC



Principal Place of Business  
2700 W. CYPRESS CREEK ROAD, BLDG. D  
STE. 106  
FT. LAUDERDALE, FL 33309

Mailing Address  
2700 W. CYPRESS CREEK ROAD, BLDG. D  
STE. 106  
FT. LAUDERDALE, FL 33309

60053011



2. Principal Place of Business - No P.O. Box #  
5400 S. UNIVERSITY DR.  
Suite, Apt. #, etc.  
604

3. Mailing Address  
4932 SW 11 PL  
Suite, Apt. #, etc.

07172007 Chg-LLC CR2E083 (12/06)

City & State  
Davie FL  
Zip  
33328  
Country  
USA

City & State  
Margate FL  
Zip  
33068  
Country  
USA

4. FEI Number  
75-3187314  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

NOWAK, ANDREW II  
4932 SW 11 PLACE  
MARGATE, FL 33068

## 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 [Signature] m6rm DATE 7/17/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 14, 2007**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NOWAK, ANDREW II	
STREET ADDRESS	4932 SW 11 PLACE	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature] 7/17/07 9-640-7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #