

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90013 017 ****55.00

DOCUMENT # L05000055035

1. Entity Name

P & R POWER SYSTEMS LLC



Principal Place of Business

332 TIDEWATER CIRCLE EAST
JACKSONVILLE FL 32211

Mailing Address

332 TIDEWATER CIRCLE EAST
JACKSONVILLE FL 32211



2. Principal Place of Business - No P.O. Box #

332 Tidewater Cir East

3. Mailing Address

332 Tidewater Cir East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

JAX FLA

City & State

JAX FLA

4. FEI Number

20-2907557

Applied For

Not Applicable

Zip

32211

Country

Duval

Zip

32211

Country

Duval

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORMINEY, ROBERT
332 TIDEWATER CIRCLE EAST
JACKSONVILLE FL 32211

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

8/4/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DORMINEY, ROBERT
STREET ADDRESS 332 TIDEWATER CIRCLE EAST
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE MGRM ☒ Delete
NAME DORMINEY, PATRICIA
STREET ADDRESS 332 TIDEWATER CIRCLE EAST
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME MGRM
STREET ADDRESS 332 TIDEWATER CIRCLE EAST
CITY-ST-ZIP JAX FLA 32211

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/4/07 19048666052