## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000101310

Entity Name: E-POWER LLC

FILED Nov 24, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1117 SE STEWART RD 5500 ST LUCIE BLVD

PORT ST. LUCIE, FL 34952 US FORT PIERCE, FL 34946 US

**Current Mailing Address: New Mailing Address:** 

1117 SE STEWART RD 5500 ST LUCIE BLVD

FORT PIERCE, FL 34946 PORT ST. LUCIE, FL 34952 US US

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

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROGERS, MICHAEL W ROGERS, MICHAEL W 5500 ST LUCIE BLVD 1117 SE STEWART RD

PORT ST. LUCIE, FL 34952 US FORT PIERCE, FL 34946 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: MICHAEL W ROGERS

11/24/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

ROGERS, MICHAEL W ROGERS, MICHAEL W Name: Name: Address: 1117 SE STEWART RD Address: 5500 ST LUCIE BLVD City-St-Zip: PORT ST. LUCIE, FL 34952 US City-St-Zip: FORT PIERCE, FL 34946 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: MICHAEL W ROGERS **MGRM** 11/24/2006