

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90103 043 ****50.00

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07102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000042559 1. Entity Name POWER TECH LLC					
Principal Place of Business 3067 QUASAR DRIVE CRESTVIEW, FL 32539 US			Mailing Address 3067 QUASAR DRIVE CRESTVIEW, FL 32539 US		
2. Principal Place of Business - No P.O. Box # 3067 Quasar Dr. Suite, Apt. #, etc.		3. Mailing Address 3067 Quasar Dr. Suite, Apt. #, etc.		4. FEI Number 204751649 Applied For <input type="checkbox"/> Not Applicable	
City & State Crestview, FL		City & State Crestview, FL			
Zip 32539		Zip 32539			
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUDWORTH, BRYAN S 3067 QUASAR DRIVE CRESTVIEW, FL 32539				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLUDWORTH, BRYAN S 3067 QUASAR DRIVE CRESTVIEW, FL 32539 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Bryan Bludworth</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>			7/23/07 <small>Date</small>		850-483-3920 <small>Daytime Phone #</small>