2008 LIMITED LIABILITY COMPANY

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

ANNUAL REPORT

Jul 28, 2008 8:00 am Secretary of State **DOCUMENT # L06000058284** 07-28-2008 90073 017 ***138.75 POWERHOUSE HOLDING GROUP, LLC Principal Place of Business Mailing Address 20375 CORTEZ BLVD 20375 CORTEZ BLVD BROOKSVILLE, FL 34601 US BROOKSVILLE, FL 34601 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 07102008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 57-1238634 Not Applicable Zip Country Zîp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHEATON, MARSHA Street Address (P.O. Box Number is Not Acceptable) 20375 CORTEZ BLVD BROOKSVILLE, FL 34601 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 FILE NOWILL FEE IS \$138.75 Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Due by September 12, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. -MGRM Addition Delete TITLE ☐ Change TITLE WHEATON, MARSHA H NAME NAME STREET ADDRESS 20375 CORTEZ BLVD STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34601 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TIFLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

NAME

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☐ Delete

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