

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115599

FILED  
May 14, 2009  
Secretary of State

Entity Name: HORSEPOWER WORX LLC

**Current Principal Place of Business:**

6980 S. SYLVAN LAKE DRIVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

6980 S. SYLVAN LAKE DRIVE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 20-5989222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

SAVASTANO, NICHOLAS  
6980 S SYLVAN LAKE DRIVE  
SANFORD, FL 32771    US

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

SAVASTANO, NICHOLAS J MR.  
6980 S SYLVAN LAKE DRIVE  
SANFORD, FL 32771    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: MR. NICHOLAS SAVASTANO

05/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SAVASTANO, NICHOLAS  
Address: 6980 S SYLVAN LAKE DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: PORTER, TOM  
Address: 6980 S SYLVAN LAKE DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Delete  
Name: SAVASTANO, JENNIFER  
Address: 6980 S SYLVAN LAKE DRIVE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: SAVASTANO, JENNIFER  
Address: 6980 S. SYLVAN LAKE DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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: NICHOLAS SAVASTANO

MR.

05/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date