

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000115599

FILED
May 28, 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 ()****Name and Address of Current Registered Agent:**SAVASTANO, NICHOLAS J MR.
6980 S SYLVAN LAKE DRIVE
SANFORD, FL 32771 US**Name and Address of New Registered Agent:**

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: _____

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 (X) Delete
Name: SAVASTANO, JENNIFER
Address: 6980 S. SYLVAN LAKE DRIVE
City-St-Zip: SANFORD, FL 32771**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: SAVASTANO, NICHOLAS J JR.
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 J. SAVASTANO, JR.

MGR

05/28/2009

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