

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000122166

FILED
Jul 26, 2007
Secretary of State**Entity Name:** TEAM POWER SOLUTIONS, LLC**Current Principal Place of Business:**6550 NEW TAMPA HWY STE B
LAKELAND, FL 33815**New Principal Place of Business:****Current Mailing Address:**6550 NEW TAMPA HWY STE B
LAKELAND, FL 33815**New Mailing Address:****FEI Number:** 20-8131357**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WOOD, PAUL W
6550 NEW TAMPA HWY STE B
LAKELAND, FL 33815 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: TITTEL, HARRY J
Address: 6550 NEW TAMPA HWY STE B
City-St-Zip: LAKELAND, FL 33815 US**Title:** ST () Delete
Name: WOOD, PAUL W
Address: 6550 NEW TAMPA HWY STE B
City-St-Zip: LAKELAND, FL 33815 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: SEELIG, CHRISTOPHER W
Address: 6550 NEW TAMPA HWY STE B
City-St-Zip: LAKELAND, FL 33815 US

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: HARRY J. TITTEL

MGRM

07/26/2007

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