

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122166

FILED  
Apr 27, 2009  
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 (X)

**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: VP ( ) Delete  
Name: SEELIG, CHRISTOPHER W  
Address: 6550 NEW TAMPA HWY STE B  
City-St-Zip: LAKELAND, FL 33815 US

Title: MGR ( ) Delete  
Name: HESTAND, RUE S  
Address: 6550 NEW TAMPA HWY STE B  
City-St-Zip: LAKELAND, FL 33815

Title: MGR ( ) Delete  
Name: ASHLINE, THOMAS  
Address: 6550 NEW TAMPA HWY STE B  
City-St-Zip: LAKELAND, FL 33815

Title: MGR ( ) Delete  
Name: GATES, PAUL D  
Address: 6550 NEW TAMPA HWY STE B  
City-St-Zip: LAKELAND, FL 33815

**ADDITIONS/CHANGES:**

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

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

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

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

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

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: HARRY TITTEL

MGRM

04/27/2009

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