

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030636

Entity Name: POWER FLOW HDD LLC

FILED  
Apr 17, 2009  
Secretary of State

**Current Principal Place of Business:**

830 SOUTH RIVER RD  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

830 SOUTH RIVER RD  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 26-2407762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HENDRICKS, SHAWN  
830 SOUTH RIVER RD  
ENGLEWOOD, FL 34223 US

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

HENDRICKS, SHAWN MEMBER  
830 SOUTH RIVER RD  
ENGLEWOOD, FL 34223 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: SHAWN HENDRICKS

04/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ASJ VENTURES, LLC  
Address: 830 SOUTH RIVER RD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM ( ) Delete  
Name: M&L VENTURES USA INC  
Address: 101-937 DUNFORD AVE  
City-St-Zip: VICTORIA BC V98 2SR CANANDA,

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: M&L VENTURES USA INC  
Address: 101-937 DUNFORD AVE  
City-St-Zip: VICTORIA, BC V982SR CA

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: SHAWN HENDRICKS

MGRM

04/17/2009

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