

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070673

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** POWER TRANSMISSION REPRESENTATIVES SERVICES, LLC

**Current Principal Place of Business:**

808 BRICKELL KEY DR  
STE 1908  
MIAMI, FL 33131

**New Principal Place of Business:**

808 BRICKELL KEY DR.  
STE 1908  
MIAMI, FL 33131

**Current Mailing Address:**

808 BRICKELL KEY DR  
STE 1908  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 26-3055836      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ARIAS, MANUEL A  
760 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134      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: P ( ) Delete  
Name: ALVAREZ, OSCAR  
Address: 808 BRICKELL KEY DR - STE 1908  
City-St-Zip: MIAMI, FL 33131

Title: S ( ) Delete  
Name: ABRIL, JANET  
Address: 808 BRICKELL KEY DR - STE 1908  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: S (X) Change ( ) Addition  
Name: ABRIL, JANETH  
Address: 808 BRICKELL KEY DR - STE 1908  
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Change (X) Addition  
Name: ALVAREZ, JULIAN A MR  
Address: 808 M BRICKEL KEY DRIVE- SUITE 1908  
City-St-Zip: MIAMI, FL 33131

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: OSCAR ALVAREZ

PRES

02/24/2009

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