

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000099081

Entity Name: FULL POWER, LLC.

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

345 ALMERIA AVENUE  
CORAL GABLES, FL 33134

## **New Principal Place of Business:**

540 BRICKELL KEY DRIVE  
1023  
MIAMI, FL 33131

## **Current Mailing Address:**

345 ALMERIA AVENUE  
CORAL GABLES, FL 33134

## **New Mailing Address:**

540 BRICKELL KEY DRIVE  
1023  
MIAMI, FL 33131

FEI Number: 27-1116159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DANS, JOSE  
345 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

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

DANS, JOSE  
540 BRICKELL KEY DRIVE  
1023  
MIAMI, FL 33131 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: JOSE DANS

04/24/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DANS, JOSE  
Address: 540 BRICKELL KEY DRIVE # 1023  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: ESTEVEZ LUGO DE DANS, EMILIA B  
Address: 540 BRICKELL KEY DRIVE # 1023  
City-St-Zip: MIAMI, FL 33131

I hereby 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: JOSE DANS

MGRM

04/24/2012

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