

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110956

Entity Name: MCPOW, LLC

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

50 SE KINDRED STREET #303  
STUART, FL 34994

**New Principal Place of Business:**

4695 SE DIXIE HWY  
STUART, FL 34997 UN

**Current Mailing Address:**

50 SE KINDRED STREET #303  
STUART, FL 34994

**New Mailing Address:**

4695 SE DIXIE HWY  
STUART, FL 34997 UN

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GUEST, JAMES M CPA  
50 SE KINDRED STREET #303  
STUART, FL 34994 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  
Name: MCGUIRE, COREY  
Address: 50 SE KINDRED STREET #303  
City-St-Zip: STUART, FL 34994 UN

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: COREY MCGUIRE

MGRM

04/04/2011

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