

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115712

Entity Name: REPOWER, LLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1050 MILLER DRIVE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

1415 CHAFFE DRIVE  
SUITE #3  
TITUSVILLE, FL 32780

**Current Mailing Address:**

1050 MILLER DRIVE  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

1415 CHAFFE DRIVE  
SUITE #3  
TITUSVILLE, FL 32780

FEI Number: 45-2807400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EIGENMANN, CLAYTON D  
4425 COQUINA AVENUE  
TITUSVILLE, FL 32780 US

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

EIGENMANN, CLAYTON D  
4800 CANGRO STREET  
COCOA, FL 32926 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: CLAYTON EIGENMANN

03/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: EIGENMANN, CLAYTON D  
Address: 4800 CANGRO STREET  
City-St-Zip: COCOA, FL 32926

Title: MGRM  
Name: EIGENMANN, CONRAD D JR  
Address: 803 INDIAN RIVER AVENUE  
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM  
Name: SCHARF, MICHAEL J  
Address: 1668 STARGAZER TERRACE  
City-St-Zip: SANFORD, FL 32771

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: CLAYTON EIGENMANN

MGR

03/20/2012

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