**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9700000/432

1. Entity Name

Sterling Power Plant L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3. Mailing Address**
11420 SW 5th Tr.	11420 SW 5th Tr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	
MIAMI Fl	MIAMI Fl	**4. FEI Number** 650808436
Zip 33174	Country USA	Zip 33174	Country USA

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jeffrey Sterling

Street Address (P.O. Box Number is Not Acceptable): 11420 SW 5 Tr.

City: Miami FL Zip Code 33174

8. 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 _[signature]_   NO changes!   4/30/02

Signature, typed or printed name of registered agent and title if applicable.   DATE

**FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1**

9.   MANAGING MEMBERS/MANAGERS

TITLE	MANAGER	TITLE	
NAME	Jeffrey Sterling	NAME	
STREET ADDRESS	11420 SW 5 Tr.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI 33174	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	**DO NOT WRITE**
TITLE		TITLE	
NAME		NAME	**IN THIS SPACE**
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _[signature]_   Jeffrey Sterling   4/30/02   305-5939   335-5939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #