

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 13 AM 10:21

DOCUMENT # M01000001011

1. Entity Name
TRANSNATIONAL OUTDOOR POWER, LLC



Principal Place of Business
1310 S ELMIRA
RUSSELLVILLE, AR 72802

Mailing Address
1310 S ELMIRA
RUSSELLVILLE, AR 72802

DO NOT WRITE IN THIS SPACE

07192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
71-0839840

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MCMANN, WILLIAM D
1310 S ELMIRA
RUSSELLVILLE, AR 72802

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROBINSON, MAC
1310 S ELMIRA
RUSSELLVILLE, AR 72802

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

800059749388
09/19/05--01059--012 **50.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #