

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90048 037 \*\*\*\*50.00

**DOCUMENT # M01000001011**

1. Entity Name

**TRANSNATIONAL OUTDOOR POWER, LLC**



Principal Place of Business

**2504 W MAIN ST  
SUITE C  
RUSSELLVILLE AR 72801**

Mailing Address

**2504 W MAIN ST  
SUITE C  
RUSSELLVILLE AR 72801**

2. Principal Place of Business

**1310 S. Elmira**

Suite, Apt. #, etc.

3. Mailing Address

**1310 S. Elmira**

Suite, Apt. #, etc.

City & State

**Russellville, AR 72802**

City & State

**Russellville, AR 72802**

Zip

**72802**

Country

**Pope**

Zip

**72802**

Country

**Pope**

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

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
526 E PARK AVENUE  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **MCMANN, WILLIAM D**  
CITY-ST-ZIP **2504 W MAIN ST STE C  
RUSSELLVILLE AR 72801**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **1310 S. Elmira**  
CITY-ST-ZIP **Russellville, AR 72802**

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **ROBINSON, MAC**  
CITY-ST-ZIP **2504 W MAIN ST, STE C  
RUSSELLVILLE AR 72801**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **1310 S. Elmira**  
CITY-ST-ZIP **Russellville, AR 72802**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Richard A. [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**877-438-8739**

CR2E083 (10/02)