

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000003048**

1. Entity Name  
**UNION POWER EMPLOYEE COMPANY LLC**



Principal Place of Business  
**100 SOUTH ASHLEY DRIVE  
SUITE 1400  
TAMPA, FL 33602 US**

Mailing Address  
**100 SOUTH ASHLEY DRIVE  
SUITE 1400  
TAMPA, FL 33602 US**

**DO NOT WRITE IN THIS SPACE**



02192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-2150841**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ENTEGRA POWER SERVICES LLC  
100 SOUTH ASHLEY DRIVE SUITE 1400  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

000000840218  
03/06/08-80037-024 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**2/19/08**

Date

**813 301 4998**

Daytime Phone #