

M10000004648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

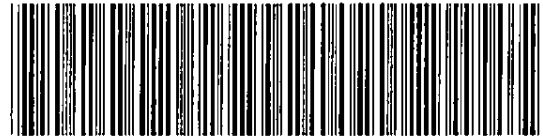
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

43

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ECHO POWER ENGINEERING, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scotty Carroll  
Name of Person

ECHO POWER ENGINEERING, LLC  
Firm/Company

PO Box 2587  
Address

Hendersonville, TN 37077  
City/State and Zip Code

Scotty.Carroll@echopower.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Fentress at ( 704 ) 776-0087  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2F055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State:

State: ECHO POWER ENGINEERING, LLC

Enter new principal office address, if applicable: 104E Jessica Lauren Court

(Principal office address

MUST BE A STREET ADDRESS)

Hendersonville, TN 37075

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

PO Box 2587

Hendersonville, TN 37077

2. The Florida document number of this limited liability company is: M10000004648

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: 10/20/2010

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Echo Power, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: \_\_\_\_\_  
*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removing Joe Maynard as Authorized Person

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u>        | <u>Type of Action</u>                      |
|------------------------|-------------|-----------------------|--|
| MGMR                   | Joe Maynard | 480 Mobley Road       | <input type="checkbox"/> Add               |
|                        |             | Clarksville, TN 37043 | <input checked="" type="checkbox"/> Remove |
|                        |             |                       | <input type="checkbox"/> Add               |
|                        |             |                       | <input type="checkbox"/> Remove            |
|                        |             |                       | <input type="checkbox"/> Add               |
|                        |             |                       | <input type="checkbox"/> Remove            |
|                        |             |                       | <input type="checkbox"/> Add               |
|                        |             |                       | <input type="checkbox"/> Remove            |
|                        |             |                       | <input type="checkbox"/> Add               |
|                        |             |                       | <input type="checkbox"/> Remove            |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

Scotty Carroll  
Signature of the authorized representative

Scotty Carroll

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**SCOTTY D. CARROLL**  
2030 TRAMMEL CREEK RD  
WESTMORELAND, TN 37186-2714

November 27, 2024

**Request Type: Certificate of Existence/Authorization**  
Request #: 0613512

Issuance Date: 11/27/2024  
Copies Requested: 1

**Document Receipt**

Receipt #: 009356704  
Payment-Credit Card - State Payment Center - CC #: 3886883121

Filing Fee: \$20.00  
\$20.00

**Regarding: ECHO POWER ENGINEERING, LLC**  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 04/02/2009  
Status: Active  
Duration Term: Expires: 12/31/2099  
Business County: SUMNER COUNTY

Control #: 599688  
Date Formed: 04/02/2009  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**ECHO POWER ENGINEERING, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 071335824

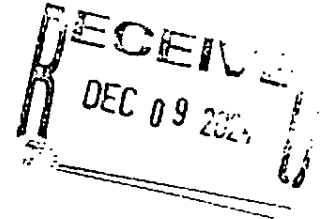


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2024

SCOTTY CARROLL  
PO BOX 2587  
HENDERSONVILLE, TN 37077

SUBJECT: ECHO POWER ENGINEERING, LLC  
Ref. Number: M10000004648



We have received your document for ECHO POWER ENGINEERING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 924A00024140