

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023964

Entity Name: CE POWER SOLUTIONS OF FLORIDA, LLC**Current Principal Place of Business:**3502 RIGA BOULEVARD
SUITE C
TAMPA, FL 33619**Current Mailing Address:**4040 REV DRIVE
CINCINNATI, OH 45232-1914 US**FEI Number:** 52-2377623**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:** JAMES HALPIN

06/19/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CE POWER SOLUTIONS, LLC
Address 4040 REV DRIVE
City-State-Zip: CINCINNATI OH 45232-1914

Title AUTHORIZED REPRESENTATIVE
Name DAUGHERTY, JERRY S.
Address 4040 REV DRIVE
City-State-Zip: CINCINNATI OH 45232

Title VP
Name GRANADOS, JOSE
Address 3502 RIGA BOULEVARD
SUITE C
City-State-Zip: TAMPA FL 33619

Title SECRETARY
Name FROST, BECKY
Address 4040 REV DRIVE
City-State-Zip: CINCINNATI OH 45232-1914

Title ASSISTANT SECRETARY
Name SCHULTZ, WILLIAM
Address 411 E. WISCONSIN AVENUE
SUITE 2350
City-State-Zip: MILWAUKEE WI 53202

Title PRESIDENT
Name WILSON, BRIAN V.
Address 4040 REV DRIVE
City-State-Zip: CINCINNATI OH 45232

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM SCHULTZ

ASSISTANT SECRETARY 06/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date