

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000036831

**FILED  
Jan 20, 2016  
Secretary of State  
CC7899130332**

**Entity Name:** NEW POWER ORGANIZATION, LLC

**Current Principal Place of Business:**

10416 ALTA DRIVE  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

2823 ST JOHNS BLUFF ROAD SOUTH  
JACKSONVILLE, FL 32246 US

**FEI Number:** 90-0113588

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANDERSON, LAURENCE  
10416 ALTA DRIVE  
JACKSONVILLE, FL 32226 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ANDERSON, LAURENCE MR.  
Address 10416 ALTA DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

Title MGRM  
Name CAMPION, JOHN MR.  
Address 10416 ALTA DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

Title CFO  
Name UDELL, ROBERT  
Address 2823 ST JOHNS BLUFF ROAD SOUTH  
City-State-Zip: JACKSONVILLE FL 32246

*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:** ROBERT UDELL

CFO

01/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date