

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000106029

**Entity Name:** ASSURANCE POWER SYSTEMS, LLC

**Current Principal Place of Business:**

1595 SW 4TH AVENUE  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

1595 SW 4TH AVENUE  
DELRAY BEACH, FL 33444 US

**FEI Number:** 20-3706628

**Certificate of Status Desired:** No

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

DINNERMAN, MITCHELL J  
1595 SW 4TH AVENUE  
DELRAY BEACH, FL 33444 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:** MITCHELL J. DINNEMAN

04/25/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DINNEMAN, MITCHELL J  
Address 711 SHORE DRIVE  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** MITCHELL DINNEMAN

MANAGING MEMBER

04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date