## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009231

Entity Name: EMERGENCY POWER, LLC

**Current Principal Place of Business:** 

5151 SUNBEAM RD STE 14

JACKSONVILLE, FL 32257

## **Current Mailing Address:**

5151 SUNBEAM RD STE 14 JACKSONVILLE, FL 32257 US

FEI Number: 83-0706232 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JONES, JONATHAN 5151 SUNBEAM RD STE 14 JACKSONVILLE, FL 32257 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: JONATHAN JONES 01/22/2019

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

Name JONES, ALICIA MARIE Name JONES, JONATHAN HAROLD MR.

Address 5151 SUNBEAM RD Address 5151 SUNBEAM RD

STE 14 STE 14

City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32257

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: ALICIA JONES OFFICE MANAGER 01/22/2019

FILED Jan 22, 2019

**Secretary of State** 

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