2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2016
Secretary of State
CC3668031171

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Entity Name: EMERGENCY POWER, LLC

Current Principal Place of Business:

2220 COUNTY ROAD 210 WEST
SUITE 108-411
ST. JOHNS, FL 32259

Current Mailing Address:

2220 COUNTY ROAD 210 WEST
SUITE 108-411
ST JOHNS, FL 32259

FEI Number: 83-0445190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALCORN, WILLIAM LJR
2220 COUNTY ROAD 210 WEST
SUITE 108-411
ST. JOHNS, FL 32259 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	MGR	Title	MANAGER
Name	ALCORN, WILLIAM LJR	Name	JONES, JONATHAN HAROLD MR.
Address	2220 COUNTY ROAD 210 WEST	Address	2220 COUNTY ROAD 210 WEST SUITE 108-411
City-State-Zip:	ST JOHNS FL 32259	City-State-Zip:	ST. JOHNS FL 32259

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 LLOYD ALCORN MGR 03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date