2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000031929

Entity Name: ALTERNATIVE POWER SYSTEMS USA, LLC

Current Principal Place of Business:

997 SOUTH PALAFOX PENSACOLA, FL 32502

Current Mailing Address:

997 SOUTH PALAFOX PENSACOLA, FL 32502 US

FEI Number: 45-4918166 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKISH, RICHARD 997 SOUTH PALAFOX PENSACOLA, FL 32502 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: RICHARD BECKISH 05/01/2015

Electronic Signature of Registered Agent

Date

FILED May 01, 2015

Secretary of State

CC5576543822

Authorized Person(s) Detail :

City-State-Zip:

Title MANAGING MEMBER Title MANAGING MEMBER DILLARD, JAMES W LEVITAN, JOHN D SR Name Name 20 OLD MILLER PLACE 997 SOUTH PALAFOX Address Address City-State-Zip: PENSACOLA FL 32502 SANTA ROSA BEACH FL 32459 City-State-Zip:

MEMBER Title Title MANAGING MEMBER

HERM, VICTOR W III Name COVER, ALEXANDER L III Name Address 770 VAN PELT LANE Address 890 S. PALAFOX STREET **UNIT A**

SUITE 109

City-State-Zip: PENSACOLA FL 32505 PENSACOLA FL 32502 City-State-Zip:

Title Title **MEMBER MEMBER**

Name **TULIP GROUP** BAYOU SUN, LLC Name

Address 4535 WEST SAHARA AVE 218 EAST GOVERNMENT ST Address

SUITE 200 PENSACOLA FL 32502

City-State-Zip: LAS VEGAS NV 89102

Title **MEMBER** Title **MEMBER**

Name RIGGINS, JAMES T Name BIG DOG CHARTERS, LLC

Address 890 S. PALAFOX STREET Address 890 S. PALAFOX STREET **SUITE 109**

SUITE 109

PENSACOLA FL 32502 City-State-Zip: City-State-Zip: PENSACOLA FL 32502

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: JOHN D LEVITAN SR MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

05/01/2015 Date