

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000142453

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

**Current Principal Place of Business:**

2202 N. HOWARD AVE  
TAMPA, FL 33607

**Current Mailing Address:**

2202 N. HOWARD AVE  
TAMPA, FL 33607

**FEI Number: 46-1361409**

**Certificate of Status Desired: No**

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 AUTHORIZED MEMBER  
Name OHARA, MICHAEL  
Address 7 E STOW RD  
City-State-Zip: MARLTON NJ 08056

Title AUTHORIZED MEMBER  
Name GONZALEZ, JUAN CARLOS  
Address 2202 N. HOWARD AVE  
City-State-Zip: TAMPA FL 33607

Title MANAGER  
Name HERMAN, BRETT I  
Address 2202 N HOWARD AVE  
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED MEMBER  
Name O'HARA, PATRICK  
Address 2202 N. HOWARD AVE  
City-State-Zip: TAMPA FL 33607

*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: BRETT I HERMAN**

**MANAGER, BY THERESA 03/09/2022  
FAGAN, ATTORNEY-IN-  
FACT**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date