

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000081404

Entity Name: POWER COMPONENT PARTNERS, LLC

Current Principal Place of Business:

520 SOFT SHADOW LANE
DEBARY, FL 32713

Current Mailing Address:

PO BOX 155
CASSADAGA, FL 32706 US

FEI Number: 36-4786434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, MARELLA
520 SOFT SHADOW LANE
DEBARY, FL 32713 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 MANAGER
Name JONES, MARELLA
Address 520 SOFT SHADOW LN
City-State-Zip: DEBARY FL 32713

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: MARELLA JONES

MANAGER

04/03/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date