

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000177023

Entity Name: INPOWDERS MTI NORTH AMERICA, LLC

Current Principal Place of Business:

74 COQUINA RIDGE WAY
ORMOND BEACH, FL 32174

Current Mailing Address:

175 BLACK HICKORY WAY
ORMOND BEACH, FL 32174 US

FEI Number: 47-5114218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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 MGRM
Name MONTANA, CAROL
Address 1200 FLORAL SPRINGS BOULEVARD
9-304
City-State-Zip: PORT ORANGE FL 32129

Title MGR
Name MONTANA, SCOTT
Address 175 BLACK HICKORY WAY
City-State-Zip: ORMOND BEACH FL 32174

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: J SCOTT MONTANA

MANAGER

09/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date