## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000177205

Entity Name: ALWAYS ON GENERATORS L.L.C.

## **Current Principal Place of Business:**

3120 6TH ST NW NAPLES, FL 34120

#### **Current Mailing Address:**

3120 6TH ST NW NAPLES, FL 34120 US

# FEI Number: 47-5391856

## Name and Address of Current Registered Agent:

HANKINS, WILLIAM M 3120 6TH ST NW NAPLES, FL 34120 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.

| SIGNATUR                      | E: WILLIAM M HANKINS                     |                 |                      | 04/04/2019 |
|-------------------------------|--|-----------------|----------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                      | Date       |
| Authorized Person(s) Detail : |  |                 |                      |            |
| Title                         | PRESIDENT                                | Title           | PRESIDENT            |            |
| Name                          | HANKINS, WILLIAM M                       | Name            | ROSENBERG, MICHAEL J |            |
| Address                       | 3120 6TH ST NW                           | Address         | 242 HAYDON CIR       |            |
| City-State-Zip:               | NAPLES FL 34120                          | City-State-Zip: | NAPLES FL 34110      |            |
| Title                         | MANAGER                                  |                 |                      |            |
| Name                          | HANKINS , TRISHIA                        |                 |                      |            |
| Address                       | 3120 6TH ST NW                           |                 |                      |            |
| City-State-Zip:               | NAPLES FL 34120                          |                 |                      |            |

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 M. HANKINS

PRESIDENT

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 04, 2019 Secretary of State 6414027850CC

Certificate of Status Desired: Yes

Date