

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000179096

Entity Name: MHI POWER FLORIDA LLC**Current Principal Place of Business:**400 COLONIAL CENTER PARKWAY STE 400
LAKE MARY, FL 32746**Current Mailing Address:**400 COLONIAL CENTER PARKWAY STE 400
LAKE MARY, FL 32746 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 REPRESENTATIVE
Name NEWSOM, WILLIAM JR.
Address 400 COLONIAL CENTER PARKWAY
STE 400
City-State-Zip: LAKE MARY FL 32746

Title AUTHORIZED REPRESENTATIVE
Name MITRA, ARUNAVA
Address 400 COLONIAL CENTER PARKWAY
STE 400
City-State-Zip: LAKE MARY FL 32746

Title AUTHORIZED REPRESENTATIVE
Name BISSONNETTE, MARK
Address 400 COLONIAL CENTER PARKWAY
STE 400
City-State-Zip: LAKE MARY FL 32746

Title AUTHORIZED REPRESENTATIVE
Name AOKI, ALEX
Address 400 COLONIAL CENTER PARKWAY
STE 400
City-State-Zip: LAKE MARY FL 32746

Title AUTHORIZED REPRESENTATIVE
Name MCCARTHY, WILLIAM
Address 400 COLONIAL CENTER PARKWAY
STE 400
City-State-Zip: LAKE MARY FL 32746

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 MCCARTHYAUTHORIZED
REPRESENTATIVE

04/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date