

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000033277

**Entity Name:** DR POWER LLC

**Current Principal Place of Business:**

13800 SW 142 AVE 1  
MIAMI, FL 33186

**Current Mailing Address:**

13800 SW 142 AVE 1  
MIAMI, FL 33186 US

**FEI Number:** 83-3471011

**Certificate of Status Desired:** No

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

MEDINA, REINIER  
13800 SW 142 AVE 1  
MIAMI, FL 33186 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 AMBR  
Name MEDINA, DILBE  
Address 13800 SW 142ND AVE STE 1  
City-State-Zip: MIAMI FL 33186

Title AMBR  
Name MEDINA, REINIER  
Address 13800 SW 142ND AVE STE 1  
City-State-Zip: MIAMI FL 33186

*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:** REINIER MEDINA

COO

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date