

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000003832

Entity Name: THE POWER ROOM LLC**Current Principal Place of Business:**8025 WICKER AVE
STE B
ST JOHN, IN 46373**Current Mailing Address:**8025 WICKER AVE
STE B
ST JOHN, IN 46373**FEI Number:** 84-3747816**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N
STE 300
ST PETERSBERG, FL 33702 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:** JOSHUA BELK

03/03/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name LODESTAR TAX & CONSULTING LLC
Address 8025 WICKER AVE
STE B
City-State-Zip: ST JOHN IN 46373

Title MANAGER
Name WILSON, FLOYD E III
Address 192 DAWSON VILLAGE WAY N
STE 170
City-State-Zip: DAWSONVILLE GA 30534

Title AUTHORIZED REPRESENTATIVE
Name JORGENSEN, DAVID
Address 192 DAWSON VILLAGE WAY N
STE 170
City-State-Zip: DAWSONVILLE GA 30534

Title AUTHORIZED MEMBER
Name CORDLE, ANDREW L
Address 5440 VENDELA LN
City-State-Zip: CUMMING GA 30040

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: JOSHUA BELK - LODESTAR TAX & CONSULTING
LLC**AUTHORIZED
REPRESENTATIVE**

03/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date