

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000181541

**Entity Name:** WILLPOWER SOLUTIONS("LLC")

**Current Principal Place of Business:**

739 CAYCE LN.  
739  
FORT MYERS, FL 33916

**Current Mailing Address:**

P.O. BOX 33994  
FORT MYERS, FL 33994 US

**FEI Number:** 85-1892671

**Certificate of Status Desired:** No

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

WILLIAMS, SEDRICK T SR.  
739 CAYCE LN.  
739  
FORT MYERS, FL 33916 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:** SEDRICK WILLIAMS

12/20/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WILLIAMS, SEDRICK T SR.  
Address 739 CAYCE LN.  
City-State-Zip: FORT MYERS FL 33916

Title AMBR  
Name WILLIAMS, SEDRICK T SR.  
Address 739 CAYCE LN  
City-State-Zip: FORT MYERS FL 33916

Title AP  
Name WILLIAMS, SEDRICK T SR.  
Address 739 CAYCE LN.  
City-State-Zip: FORT MYERS FL 33916

*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:** SEDRICK WILLIAMS

SEDRICK WILLIAMS

12/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date