

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2400000246

**Entity Name:** US POWER PARTNERS, LLC

**Current Principal Place of Business:**

6485 SHILOH ROAD, SUITE B-700  
ALPHARETTA, GA 30005

**Current Mailing Address:**

6485 SHILOH ROAD, SUITE B-700  
ALPHARETTA, GA 30005 US

**FEI Number: 80-0930872**

**Certificate of Status Desired: No**

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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 MBR  
Name LEONHARDT, DAVID  
Address 6485 SHILOH ROAD, SUITE B-700  
City-State-Zip: ALPHARETTA GA 30005

Title MBR  
Name BARKER, KEN  
Address 6485 SHILOH ROAD, SUITE B-700  
City-State-Zip: ALPHARETTA GA 30005

Title MBR  
Name RAND, WAYNE  
Address 6485 SHILOH ROAD, SUITE B-700  
City-State-Zip: ALPHARETTA GA 30005

Title MBR  
Name LEONHARDT, RICK  
Address 6485 SHILOH ROAD, SUITE B-700  
City-State-Zip: ALPHARETTA GA 30005

Title MBR  
Name COPELAND, ALLEN  
Address 6485 SHILOH ROAD, SUITE B-700  
City-State-Zip: ALPHARETTA GA 30005

Title MBR  
Name PEREZ, JOSE  
Address 6485 SHILOH ROAD, SUITE B-700  
City-State-Zip: ALPHARETTA GA 30005

Title AUTHORIZED REPRESENTATIVE  
Name LEDWOROWSKI, CINDY  
Address 6485 SHILOH ROAD, SUITE B-700  
City-State-Zip: ALPHARETTA GA 30005

*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: CINDY LEDWOROWSKI**

**ACCOUNTANT**

**03/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date