## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 17, 2007 8:00 am Secretary of State **DOCUMENT # L04000057334** 1. Entity Name 04-17-2007 90257 005 \*\*\*\*50.00 AGA.LLC Principal Place of Business Mailing Address 111 UTILITY DRIVE 111 UTILITY DRIVE (00054901 P.O. BOX 452 P.O. BOX 452 MONROEVILLE, IN 46773 MONROEVILLE, IN 46773 2. Principal Place of Business - No P.O. Box# 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 CR2E083 (12/06) Chg-LLC City & State Applied For 4 FF1 Number City & State 20-1655489 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUNKIN, DAVID A Street Address (P.O. Box Number is Not Acceptable) 170 WEST DEARBORN STREET ENGLEWOOD, FL 34223 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symbol or printed matter of log alcord agent and the Tappicable. (NOTE, Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE Change ☐ Addition KRIESEL, WILLIAM A NAME NAME STREET ADDRESS 111 UTILITY DRIVE STREET ADORESS MONROEVILLE, IN 46773 CITY ST ZIP CITY-ST-ZIP TITLE MGRM Delete TITLE ☐ Change Addition KRIESEL, WILLIAM G NAME NAME 111 UTILITY DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP MONROEVILLE., IN 46773 CITY - ST - ZIP MGRM TITLE ☐ Delete Change ☐ Addition NAME SCHAEKEL, ERIC A NAME STREET ADDRESS STREET ADDRESS 111 UTILITY DRIVE CITY ST ZIP MONROEVILLE, IN 46773 CITY ST ZIP ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP THLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 11. I hereby certify that the information supplied with this filing topes not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true and accurate and that ros 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 receive of trul tee employered to execute this report as required by Chapter 608. Florida Statutes. 4-13-07 260-623-6131 SIGNATURE: OR AUTHORIZED REPRESENTATIVE

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