

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057334

Entity Name: AGA.LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

111 UTILITY DRIVE
P.O. BOX 452
MONROEVILLE, IN 46773

New Principal Place of Business:

111 UTILITY DRIVE
MONROEVILLE, IN 46773

Current Mailing Address:

111 UTILITY DRIVE
P.O. BOX 452
MONROEVILLE, IN 46773

New Mailing Address:

111 UTILITY DRIVE
PO BOX 452
MONROEVILLE, IN 46773

FEI Number: 20-1655489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNKIN, DAVID A
170 WEST DEARBORN STREET
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRIESEL, WILLIAM A
Address: 111 UTILITY DRIVE
City-St-Zip: MONROEVILLE, IN 46773

Title: MGRM () Delete
Name: KRIESEL, WILLIAM G
Address: 111 UTILITY DRIVE
City-St-Zip: MONROEVILLE,, IN 46773

Title: MGRM () Delete
Name: SCHAEKEL, ERIC A
Address: 111 UTILITY DRIVE
City-St-Zip: MONROEVILLE, IN 46773

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ERIC A. SCHAEKEL

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date