

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001025

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: BIOSOLIDS DISTRIBUTION SERVICES LLC

**Current Principal Place of Business:**

39347 FLINK AVENUE  
NORTH BRANCH, MN 55056

**New Principal Place of Business:**

**Current Mailing Address:**

39347 FLINK AVENUE  
NORTH BRANCH, MN 55056

**New Mailing Address:**

FEI Number: 20-2128835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAWLAK, ROGER  
8930 MAISLIN DRIVE  
TAMPA, FL 33637 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 (X) Delete  
Name: PAWLAK, ROGER  
Address: 8930 MAISLIN DRIVE  
City-St-Zip: TAMPA, FL 336376710

Title: MGRM ( ) Delete  
Name: ANDERSON, THOMAS M  
Address: 4 SPYGLASS PLACE  
City-St-Zip: DELLWOOD, MN 55110

Title: MGR ( ) Delete  
Name: NESS, SHELLI A  
Address: 7026 ST CROIX TRAIL  
City-St-Zip: NORTH BRANCH, MN 55056

Title: MGR ( ) Delete  
Name: ANDERSON, DAN J  
Address: 1765 46TH STREET  
City-St-Zip: SOMERSET, WI 54025

**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:

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: DANIEL ANDERSON

MGR

01/07/2008

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