

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001025

FILED
Jan 15, 2009
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:

ANDERSON, DANIEL
3724 BUTTONWOOD WAY
NAPLES, FL 34112 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: DANIEL ANDERSON 01/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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: MGR (X) Change () Addition
Name: ANDERSON, DAN J
Address: 3724 BUTTONWOOD WAY
City-St-Zip: NAPLES, FL 34112

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 GM 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date