

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000004071 1. Entity Name TRUSOUTH OIL LLC	
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Principal Place of Business 10411 HWY 1 SHREVEPORT, LA 71115	Mailing Address 10411 HWY 1 SHREVEPORT, LA 71115
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DO NOT WRITE IN THIS SPACE

04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3125542	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

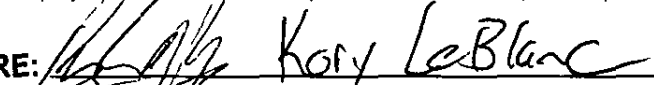
U00000911095
05/07/08-80028-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYATT, L. DAVID 1935 EAST 70TH STREET SHREVEPORT, LA 71105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'DOM, RICHARD M 11800 ELLERBE ROAD SHREVEPORT, LA 71115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'DOM, WILLIAM H 9616 CALLIOPE STREET SHREVEPORT, LA 71115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORHEAD, MICHAEL P 10937 CATTAIL POINTE SHREVEPORT, LA 71106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, WILLIAM A 2780 WATERFRONT PARKWAY EAST DRIVE SET 200 INDIANAPOLIS, IN. 46214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAUMINS, JENNIFER G 2780 WATERFRONT PARKWAY EAST DRIVE SET 200 INDIANAPOLIS, IN. 46214

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does 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 my 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:  **Kory LeBlanc** **4/9/08** **318-795-3888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #