


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90135 042 \*\*\*138.75

<b>DOCUMENT # M04000002481</b>	
1. Entity Name <b>VALIDUS SERVICES, LLC</b>	

Principal Place of Business <b>10654 JUSTIN DRIVE URBANDALE, IA 50322</b>	Mailing Address <b>10654 JUSTIN DRIVE URBANDALE, IA 50322</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>42-1514245</b>	Applied For Not Applicable
Zip	Country	Zip	Country



02182008 Chg-LLC CR2E083 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION, FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIERKS, NEIL 10664 JUSTIN DRIVE URBANDALE, IA 50322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See attached</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASPERS, JON 509 MAIN STREET, P.O. BOX 67 SWAKEDALE, IA 50477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REHMEIER, RICK 5234 HIGHWAY T AUGUSTA, MO 63332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULH, DON 2830 110TH STREET TYLER, MN 56178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOTSON, EARL 10654 JUSTIN DR URBANDALE, IA 50322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:** *Earl Dotson* **2-19-08** **515-278-8002**

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

# ATTACHMENT

60010383

~~#M04000002481~~

## 2008 Validus Board of Managers

Don Buhl  
2830 110<sup>th</sup> St.  
Tyler, MN 56178  
507-247-3838 (home/office)  
507-247-3836 (fax)  
507-530-4389 (cell)  
[donbuhl@mnn.com](mailto:donbuhl@mnn.com)

Doug Wolf  
5590 Substation Rd.  
Lancaster, WI 53813  
608-723-2702 (home)  
608-723-7541 (office)  
608-723-5115 (fax)  
608-732-5406 (cell)  
[wolf\\_farms@tds.net](mailto:wolf_farms@tds.net)

Jon Caspers  
Pleasant Valley Pork Corporation  
509 Main St  
PO Box 67  
Swaledale, IA 50477-0067  
641-995-2343 (office)  
641-592-4392 (home)  
641-995-2216 (fax)  
515-238-2317 (cell)  
[jcaspers@frontiernet.net](mailto:jcaspers@frontiernet.net)

Neil Dierks  
National Pork Producers Council  
10664 Justin Dr.  
Urbandale, IA 50322  
515-278-8012 (office)  
515-253-0277 (home)  
515-278-8011 (fax)  
515-979-5730 (cell)

Earl Dotson  
Validus  
PO Box 14586  
Des Moines, IA 50306  
515-278-8002 (office)  
816-632-7713 (home - Missouri)  
515-278-8011 (fax)  
515-321-3264 (cell)  
[dotson@validuservices.com](mailto:dotson@validuservices.com)

Rick Rehmeier  
5234 Highway T  
Augusta, MO 63332  
636-228-4373 (home/office/fax)  
636-357-8078 (cell)  
[rickrehmeier@yahoo.com](mailto:rickrehmeier@yahoo.com)

# ATTACHMENT

60010383

# M04000002481

## IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.  
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- Changes must be typed or printed in ink and legible.
- Sign report in block 11.
- \* The fee to file the Limited Liability Company annual report is \$138.75. If a certificate of status is desired, please add an additional \$5.00. Only one certificate may be requested.

- Block 1. Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6051.
- Block 2 & 3. If applicable, enter the new principal office address in Block 2. The principal office address must be a street address. If applicable, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-4933.
- Block 5. If you need a certificate of status, check the BOX in Block 5 and include an additional \$5.00. All certificates will be mailed to the entity's mailing address.
- Block 6. The law requires that each entity have a Registered Agent with a **Florida street address**. If the information in Block 6 is incorrect, enter the correct information in Block 7.
- Block 7. If applicable, enter new agent's name and/or address. The registered office address must be a **Florida Street address**. A P.O. Box or mail service is NOT acceptable for service of process. THE ENTITY CANNOT SERVE AS ITS OWN REGISTERED AGENT.
- Block 8. If applicable, the new Registered Agent must sign in Block 8. No signature is necessary if the same Registered Agent is retained. **NOTE: Registered agent signature required when reinstating on this form.**
- Block 9. Block 9 contains the names, titles, and addresses of the managing members or managers last reported to our office. If blank, you must list the titles, name and address of each managing member or manager in Block 10. Insert the letters "MGRM" in the title portion of the block for each managing member listed. Insert the letters "MGR" in the title portion of the block for each manager listed. **Please do not make any marks in Block 9 unless deleting a managing member or manager; corrections or additions are to be made in Block 10.**
- Block 10. Block 10 is for changes or additions to the existing titles, names and/or addresses of the managing members or managers in Block 9. Changes must be typed or printed and legible. List all managing members or managers. Attach a separate sheet if necessary. Florida Statutes require a physical address be given. The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.
- Block 11. **This report must be signed in Block 11** by a managing member or manager listed in Block 9, Block 10 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 11 is unacceptable.

### Mail completed report to:

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

**Courier Address** (overnight delivery)  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

### Questions?

Phone: (850)-245-6051

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

### INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/ revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

*Address different than report*

*check to*

*MGR*