

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001217

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** SECURE ENERGY SOLUTIONS, LLC

**Current Principal Place of Business:**

146 CHESTNUT ST SUITE 400  
SPRINGFIELD, MA 01103

**New Principal Place of Business:**

12-14 SOMERS RD  
EAST LONGMEADOW, MA 01028

**Current Mailing Address:**

146 CHESTNUT ST SUITE 400  
SPRINGFIELD, MA 01103

**New Mailing Address:**

12-14 SOMERS RD  
EAST LONGMEADOW, MA 01028

**FEI Number:** 11-3776111      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** DUBY, CHRISTOPHER A  
**Address:** 12-14 SOMERS RD  
**City-St-Zip:** EAST LONGMEADOW, MA 01028

**Title:** MGR  
**Name:** MATTSON, KEVIN R  
**Address:** 12-14 SOMERS RD  
**City-St-Zip:** EAST LONGMEADOW, MA 01028

**Title:** MGR  
**Name:** FUSCO, JOSEPH S  
**Address:** 12-14 SOMERS RD  
**City-St-Zip:** EAST LONGMEADOW, MA 01028

I hereby 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: CHRISTOPHER A DUBY

MGR

05/04/2010

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