

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008706

Entity Name: HOOSIER SERVICES, LLC

FILED  
Jun 09, 2008  
Secretary of State

## Current Principal Place of Business:

3242 17TH STREET  
SARASOTA, FL 34235

## New Principal Place of Business:

19614 BERGENFELD DRIVE  
LAND O LAKES, FL 34638

## Current Mailing Address:

GARY AUTEN  
3424 177A ST  
SARASOTA, FL 34235

## New Mailing Address:

19614 BERGENFELD DRIVE  
LAND O LAKES, FL 34638

FEI Number: 65-1030369      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:

GARY AUTEN  
3242 17TH STREET  
SARASOTA, FL 34235      US

## Name and Address of New Registered Agent:

GARY AUTEN  
19614 BERGENFELD DRIVE  
LAND O LAKES, FL 34638      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: GARY AUTEN

06/09/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: AUTEN, GARY  
Address: 3242 17TH STREET  
City-St-Zip: SARASOTA, FL 34235

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: AUTEN, GARY  
Address: 19614 BEGENFELD DRIVE  
City-St-Zip: LAND O LAKES, FL 34638

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: GARY AUTEN

MGR

06/09/2008

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