LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # LO 1000()

FILED May 28, 2002 8:00 am Secretary of State

05-28-2002 91532 033 ****50.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business
7594 VINCO Street

3. Mailing Address
7594 VINCO Street Suite, Apt. #, etc.

,867368

DO NOT WRITE IN THIS SPACE

Inergy, LLC

City & State Vaume

Country

59-3754105

Not Applicable \$5.00 Additional

Applied For

5. Certificate of Status Desired

Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent *∆\S*S0∧

Lare

8. The above named entity submits this statement for the purpose of changing its registered office or registered n the State of Florida

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00 Line 1995 Make Check Payable to Department of State DUEBYMAY (* 1

MANAGING MEMBERS/MANAGERS TITLE Mense NAME John Osbur STREET ADDRESS 1594 VINCO Street NAVANCE, FL 32566 CITY-ST-ZIP TITLE Told Armstrong NAME 775 GH Shore Dar # 9122 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statute. I am a managing member or manager of the test.

SIGNATURE:

CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-2(P TITLE NAME STREET ADDRESS CITY ST ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE