

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000012252

1. Entity Name
VHS COMMODITIES, LLC



Principal Place of Business
**5019 EXETER DRIVE
FORTT WAYNE, IN 46815**

Mailing Address
**5019 EXETER DR
FT. WAYNE, IN 46815**



04112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1433115

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VAUGHN, RICHARD L
12481 W. FOSS GROVE PATH
INGLIS, FL 34449**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VAUGHN, RICHARD L
12481 W. FOSS GROVE PATH
INGLIS, FL 34449**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOLT, DANIEL W 3RD
1100 PINELLAS BAYWAY
TIERRA VERDA, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SULLIVAN, WILLIAM F
5019 EXETER DR
FORT WAYNE, IN 46815**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000329511
04/25/05-80119-017 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-21-05 260-484-0945