


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # L02000012252 1. Entity Name VHS COMMODITIES, LLC	
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Principal Place of Business 11929 NORTH STROHS DR SYRACUSE, IN 46567	Mailing Address 11929 NORTH STROHS DR SYRACUSE, IN 46567
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 37-1433115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent VAUGHN, RICHARD L 12481 W. FOSS GROVE PATH INGLIS, FL 34449
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	MGR SULLIVAN, WILLIAM F 11929 NORTH STROHS DR SYRACUSE, IN 46567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U00000822907 02/20/08-80016-014 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>WILLIAM F SULLIVAN William F. Sullivan</u>	<u>2-6-08</u>	<u>260-856-4673</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>