

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012252

Entity Name: VHS COMMODITIES, LLC

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

11929 NORTH STROHS DR  
SYRACUSE, IN 46567

## New Principal Place of Business:

## Current Mailing Address:

11929 NORTH STROHS DR  
SYRACUSE, IN 46567

## New Mailing Address:

FEI Number: 37-1433115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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 ( ) Delete  
Name: VAUGHN, RICHARD L  
Address: 12481 W. FOSS GROVE PATH  
City-St-Zip: INGLIS, FL 34449 US

Title: MGR ( ) Delete  
Name: HOLT, DANIEL W 3RD  
Address: 1100 PINELLAS BAYWAY  
City-St-Zip: TIERRA VERDA, FL 33715 US

Title: MGRM ( ) Delete  
Name: SULLIVAN, WILLIAM F  
Address: 11929 NORTH STROHS DR  
City-St-Zip: SYRACUSE, IN 46567 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM SULLIVAN

MGR

03/31/2009

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