

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019324

Entity Name: GASBUSTERS LLC

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

12921 BRANT TREE DR
RIVERVIEW, FL 33569

New Principal Place of Business:

12921 BRANT TREE DR
RIVERVIEW, FL 33579

Current Mailing Address:

12921 BRANT TREE DR
RIVERVIEW, FL 33569

New Mailing Address:

12921 BRANT TREE DR
RIVERVIEW, FL 33579

FEI Number: 20-0868125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTT, LARRY B
12921 BRANT TREE DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

MOTT, LARRY B
12921 BRANT TREE DR
RIVERVIEW, FL 33579 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:

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOTT, LARRY B
Address: 12921 BRANT TREE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: MOTT, SCARLETT R
Address: 12921 BRANT TREE DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOTT, LARRY B
Address: 12921 BRANT TREE DR
City-St-Zip: RIVERVIEW, FL 33579

Title: MGRM (X) Change () Addition
Name: MOTT, SCARLETT R
Address: 12921 BRANT TREE DR
City-St-Zip: RIVERVIEW, FL 33579

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: LARRY MOTT

MGRM

04/24/2008

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