

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052814

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** PROFESSIONAL BLASTING SERVICES, LLC

**Current Principal Place of Business:**

15401 ALICO ROAD  
FT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

15465 PINE RIDGE RD  
FT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 20-3098672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNGQUIST, BRETT  
15401 ALICO ROAD  
FT MYERS, FL 33913 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  
**Name:** YOUNGQUIST, HARVEY BRUCE  
**Address:** 15465 PINE RIDGE RD  
**City-St-Zip:** FT MYERS, FL 33908

**Title:** MGR  
**Name:** YOUNGQUIST, TIMOTHY GUSTAV  
**Address:** 15465 PINE RIDGE RD  
**City-St-Zip:** FT MYERS, FL 33908

I hereby 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:** TIM YOUNGQUIST

MR

03/01/2010

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