

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 25, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L04000057334**

1. Entity Name  
**AGA.LLC**



Principal Place of Business  
**111 UTILITY DRIVE  
P.O. BOX 452  
MONROEVILLE, IN 46773**

Mailing Address  
**111 UTILITY DRIVE  
P.O. BOX 452  
MONROEVILLE, IN 46773**



01252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1655489**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DUNKIN, DAVID A  
170 WEST DEARBORN STREET  
ENGLEWOOD, FL 34223**

**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 constituting)

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  
**MGRM  
KRIESEL, WILLIAM A  
111 UTILITY DRIVE  
MONROEVILLE, IN 46773**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
KRIESEL, WILLIAM G  
111 UTILITY DRIVE  
MONROEVILLE, IN 46773**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
SCHAEKEL, ERIC A  
111 UTILITY DRIVE  
MONROEVILLE, IN 46773**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000921477  
05/15/08-80008-009 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**ERIC A. SCHAEKEL**

**4-22-08**

**260-623-6131**

Date

Daytime Phone #