

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007530

FILED
Feb 06, 2009
Secretary of State

Entity Name: MUSTANG VACUUM SYSTEMS, LLC

Current Principal Place of Business:

1675 INDEPENDENCE BLVD.
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1675 INDEPENDENCE BLVD.
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 04-3805116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GANZHORN, DEAN K
14822 BELLEZZA LANE
NAPLES, FL 34110 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: GANZHORN, DEAN K
Address: 14822 BELLEZZA LANE
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: GANZHORN, DONALD W JR
Address: 14822 BELLEZZA LANE
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: GREENWELL, RICHARD
Address: 6907 TREYMORE COURT
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: GREENWELL, RICHARD
Address: 1675 INDEPENDENCE BLVD.
City-St-Zip: SARASOTA, FL 34234

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: RICHARD GREENWELL

MGR

02/06/2009

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