2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000058235

1. Entity Name
MIDNIGHT OIL, LLC

Principal Place of Business	Mailing Address
310 SOUTH 2D STREET FORT PIERCE, FL 34950	310 SOUTH 2D STREET FORT PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE

01292008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3059014	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRICKSON, KEVIN
310 SOUTH 2D STREET
FORT PIERCE, FL 34950

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 _____   1/29/08
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HENDRICKSON, KEVIN
STREET ADDRESS	8280 HIDDEN PINES RD
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	MGRM
NAME	PUGH-HENDRICKSON, DIANE L
STREET ADDRESS	8280 HIDDEN PINES RD
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000810829
02/11/08-80002-020 138.75

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: _____   1/29/08   772-461-0558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Kevin Hendrickson