

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081312

FILED
Apr 13, 2009
Secretary of State

Entity Name: SUBMETERING AMERICA LLC

Current Principal Place of Business:

5 6TH STREET NORTH EAST
LARGO, FL 33770

New Principal Place of Business:

5 6TH STREET NORTH EAST
LARGO, FL 33770

Current Mailing Address:

5 6TH STREET NORTH EAST
LARGO, FL 33770

New Mailing Address:

FEI Number: 22-3941260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PATTERSON, EDWARD E MR
8624 112TH STREET N.
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

PATTERSON, EDWARD E MR
1550 MURRAY AVENUE
LARGO, FL 33770 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:

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PATTERSON, EDWARD E
Address: 5 6TH STREET NORTHEAST
City-St-Zip: LARGO, FL 33770

Title: ST () Delete
Name: PATTERSON, EDWARD E
Address: 5 6TH STREET NORTHEAST
City-St-Zip: LARGO, FL 33770

Title: MGR () Delete
Name: WEISNER, WAYNE W
Address: 5 6TH STREET NORTHEAST
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

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

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

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

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: EDWARD E PATTERSON

MR

04/13/2009

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