2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L07000005162 1. Entity Name GASÉOUS FLUID MEASUREMENT, LLC



FILED

Aug 13, 2008 8:00 am Secretary of State 08-13-2008 90028 017 ***538.75 Principal Place of Business Mailing Address 1232 SE 5TH TERRACE 1232 SE 5TH TERRACE 50009409 CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08092008 Chq-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Zìo Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUNNEY, CATHY Street Address (P.O. Box Number is Not Acceptable) 1232 SE 5TH TERRACE CAPE CORAL, FL 33990 City Zip Code 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 reinstating) DATE FILE NOW!!! FEE IS \$538.75 Make check payable to Due by September 12, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM Detete TITLE ☐ Change Addition NAME **TUNNEY, CATHY** NAME STREET ADDRESS 1232 SE 5TH TERRACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Cathy Junney

CITY-ST-ZIP

^{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.