

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057550

FILED
Apr 24, 2008
Secretary of State

Entity Name: YELLOWSTONE ENERGY SERVICES, LLC

Current Principal Place of Business:

9325 BAY PLAZA BLVD.
SUITE 208
TAMPA, FL 33619

New Principal Place of Business:

5810 COVEVIEW DRIVE E
LAKELAND, FL 33813

Current Mailing Address:

9325 BAY PLAZA BLVD.
SUITE 208
TAMPA, FL 33619

New Mailing Address:

5810 COVEVIEW DRIVE E
LAKELAND, FL 33813

FEI Number: 26-0258854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RULE, ROCKY W
9325 BAY PLAZA BLVD.
SUITE 208
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

RULE, ROCKY W
5810 COVEVIEW DRIVE E.
LAKELAND, FL 33813 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:

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RULE, ROCKY W
Address: 9325 BAY PLAZA BLVD., SUITE 208
City-St-Zip: TAMPA, FL 33619

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RULE, ROCKY W
Address: 5810 COVEVIEW DRIVE E.
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Change (X) Addition
Name: RULE, FRANCIE E
Address: 5810 COVEVIEW DRIVE E.
City-St-Zip: LAKELAND, FL 33813

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: FRANCIE E. RULE

MGRM

04/24/2008

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