

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 28, 2009  
Secretary of State**

DOCUMENT# L07000098439

Entity Name: POIRE'S UNDERGROUND SERVICES, LLC

**Current Principal Place of Business:**

249 S. W. RANGE AVENUE  
SUITE C  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

249 S. W. RANGE AVENUE  
SUITE C  
MADISON, FL 32340

**New Mailing Address:**

FEI Number: 26-1145872      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POIRE, ALBERT E  
249 S. W. RANGE AVENUE  
SUITE C  
MADISON, FL 32340 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: POIRE, ALBERT E  
Address: 249 S. W. RANGE AVENUE, SUITE C  
City-St-Zip: MADISON, FL 32340

**ADDITIONS/CHANGES:**

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: ALBERT POIRE

MGR

04/28/2009

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