

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028110

Entity Name: GAS WORX, LLC

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5115 S.E. 47TH TERRACE ROAD  
OCALA, FL 34480 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 830792  
OCALA, FL 34483 US

**New Mailing Address:**

FEI Number: 26-4506862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOBBS, DEWEY J  
5115 S.E. 47TH TERRACE ROAD  
OCALA, FL 34480 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  
Name: WINSLOW, PATRICK S  
Address: P.O. BOX 830792  
City-St-Zip: Ocala, FL 34483 US

Title: MGR  
Name: HOBBS, DEWEY J  
Address: P.O. BOX 830792  
City-St-Zip: Ocala, FL 34483 US

I hereby 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: DEWEY J. HOBBS

MGR

02/06/2012

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