

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002181

Entity Name: CLC EQUIPMENT LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

301 CARLSON PARKWAY, SUITE 102
MINNETONKA, MN 55305

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPARTMENT
P.O. BOX 59159
MINNEAPOLIS, MN 554598250

New Mailing Address:

301 CARLSON PARKWAY, SUITE 102
MINNETONKA, MN 55305

FEI Number: 41-1958726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: HERREID, MARK
Address: 301 CARLSON PARKWAY, SUITE 102
City-St-Zip: MINNETONKA, MN 55305

Title: MGR () Delete
Name: HAMANN, DARREL M
Address: 301 CARLSON PARKWAY, SUITE 102
City-St-Zip: MINNETONKA, MN 55305

Title: MGR () Delete
Name: WEIGMAN, DAVID L
Address: 301 CARLSON PARKWAY, SUITE 102
City-St-Zip: MINNETONKA, MN 55305

Title: MGR () Delete
Name: NELSON, MARILYN C
Address: 301 CARLSON PARKWAY, SUITE 102
City-St-Zip: MINNETONKA, MN 55305

Title: MGRM () Delete
Name: AMC LIVING TRUST,
Address: 301 CARLSON PARKWAY, SUITE 102
City-St-Zip: MINNETONKA, MN 55305

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: GAGE, BARBARA C
Address: 301 CARLSON PARKWAY, SUITE 102
City-St-Zip: MINNETONKA, MN 55305

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: MARK G. HERREID

MGR

05/01/2008

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