2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # M02000003195

1. Entity Name
MIDSTREAM FUEL SERVICE LLC

Principal Place of Business	Mailing Address
107 ST. FRANCIS STREET STE. 100 MOBILE, AL	107 ST. FRANCIS STREET STE. 100 MOBILE, AL

DO NOT WRITE IN THIS SPACE

01292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
63-0695291

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MARTIN, RUBEN S III
STREET ADDRESS	4200 STONE ROAD
CITY-ST-ZIP	KILGORE, TX 75662
TITLE	MGR
NAME	NEUMEYER, DONALD R
STREET ADDRESS	4200 STONE ROAD
CITY-ST-ZIP	KILGORE, TX 75662
TITLE	MGR
NAME	SKELTON, WESLEY M
STREET ADDRESS	4200 STONE ROAD
CITY-ST-ZIP	KILGORE, TX 75662
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000812808
02/12/08-80064-009 138.75

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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.

SIGNATURE: Wesley M. Skelton 1/29/2008 903-983-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #