

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90037 024 ***138.75

DOCUMENT # M04000000006

1. Entity Name
WILLIAMS PLANT SERVICES, LLC



Principal Place of Business
**2076 WEST PARK PLACE
STONE MOUNTAIN, GA 30087-3530**

Mailing Address
**2076 WEST PARK PLACE
STONE MOUNTAIN, GA 30087-3530**

60009803



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
83-0379575

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MATHESON, JOHN M MGR
STREET ADDRESS 2076 WEST PARK PLACE
CITY- ST- ZIP STONE MOUNTAIN, GA 300873530

TITLE MGR ☒ Change ☐ Addition
NAME John M. Matheson
STREET ADDRESS 6120 S. Yale, Suite 1480
CITY- ST- ZIP Tulsa, OK 74136

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR ☐ Change ☒ Addition
NAME Kenneth W. Robuck
STREET ADDRESS 2076 West Park Place
CITY- ST- ZIP Stone Mountain, GA 30087

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

K.W. Robuck

K.W. Robuck

2/1/08

770-879-4165