

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # M06000003932

1. Entity Name
MINNESOTA UTILITY SERVICES, LLC



Principal Place of Business
13915 LAKE DRIVE, SUITE #2
FOREST LAKE, MN 55025

Mailing Address
13915 LAKE DRIVE, SUITE #2
FOREST LAKE, MN 55025



02252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0930060

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, CHARLIE
101 NORTH RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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

U00000847247
03/19/08-80012-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PODGORAK, JOHN
401 EMERALD LANE
MAHTOMEDI, MN 55115

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MILLER, DAN
35094 LAPPE LANE
HINCKLEY, MN 55037

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILSON, CHARLIE
8337 BARTON AVE NW
BUFFALO, MN 55313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Charlie Wilson*

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

2-25-08 651-464-5532

Date

Daytime Phone #