

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003932

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: MINNESOTA UTILITY SERVICES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

13932 LAKE DRIVE  
FOREST LAKE, MN 55025

**Current Mailing Address:**

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

**New Mailing Address:**

13932 LAKE DRIVE  
FOREST LAKE, MN 55025

FEI Number: 71-0930060      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:**

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

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

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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: PODGORAK, JOHN  
Address: 401 EMERALD LANE  
City-St-Zip: MAHTOMEDI, MN 55115

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

Title: MGRM ( ) Delete  
Name: MILLER, DAN  
Address: 35094 LAPPE LANE  
City-St-Zip: HINCKLEY, MN 55037

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

Title: MGRM ( ) Delete  
Name: WILSON, CHARLIE  
Address: 8337 BARTON AVE NW  
City-St-Zip: BUFFALO, MN 55313

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: CHARLIE WILSON

MGRM

06/23/2009

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