

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90181 003 \*\*\*138.75

**DOCUMENT # M07000002534**

1. Entity Name  
**PETROENERGY, L.L.C.**



Principal Place of Business  
**920 10TH AVENUE NORTH  
ONALASKA, WI 54650**

Mailing Address  
**920 10TH AVENUE NORTH  
ONALASKA, WI 54650**

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

3. Mailing Address  
**P.O. Box 809**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Onalaska, WI**

Zip

Country

Zip

**54650**

Country

04012008

Chg-LLC

CR2E083 (12/06)

4. FEI Number  
**20-0273700**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**

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**

TITLE **MGR** ☐ Delete  
NAME **MATHY, SCOTT P**  
STREET ADDRESS **920 10TH AVENUE NORTH**  
CITY-ST-ZIP **ONALASKA, WI 54650**

TITLE **MGR** ☒ Delete  
NAME **MATHY, STEVEN C**  
STREET ADDRESS **920 10TH AVENUE NORTH**  
CITY-ST-ZIP **ONALASKA, WI 54650**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **James R. Kirchner**  
STREET ADDRESS **920 10th Avenue North**  
CITY-ST-ZIP **Onalaska, WI 54650**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Robert P. Mathy**  
STREET ADDRESS **920 10th Avenue North**  
CITY-ST-ZIP **Onalaska, WI 54650**

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

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

TITLE ☐ Change ☐ Addition  
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:**

*Scott P. Mathy*

**Scott P. Mathy/Mgr.**

**04/08/08**

**608-779-6580**

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

Date

Daytime Phone #