

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002465

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: NESCO SALES & RENTALS, LLC

**Current Principal Place of Business:**

3112 EAST STATE ROAD 124  
BLUFFTON, IN 46714

**New Principal Place of Business:**

**Current Mailing Address:**

3112 EAST STATE ROAD 124  
BLUFFTON, IN 46714

**New Mailing Address:**

FEI Number: 35-1841460      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:**

BERTSCH, MICHAEL  
2544 ROSLYN LANE  
LAKELAND, FL 33812      US

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

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:**

Title: MGRM      ( ) Delete  
Name: TROXEL, ROBERT J  
Address: 3112 EAST STATE ROAD 124  
City-St-Zip: BLUFFTON, IN 46714

Title: MGRM      ( ) Delete  
Name: SCOLNIK, GLENN  
Address: 8888 KEYSTONE CROSSING, STE 600  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: MGRM      ( ) Delete  
Name: PHENICIE, LUKE A  
Address: 8888 KEYSTONE CROSSING, STE 600  
City-St-Zip: INDIANAPOLIS, IN 46240

**ADDITIONS/CHANGES:**

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

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

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: ROB TROXEL

PRES

06/23/2009

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