

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90054 024 ***138.75

DOCUMENT # M97000000078

1. Entity Name
OPUS NATIONAL, L.L.C.



Principal Place of Business
10350 BREN ROAD WEST
MINNETONKA, MN 55343-9002

Mailing Address
10350 BREN ROAD WEST
MINNETONKA, MN 55343-9002

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
41-1790365

Applied For
Not Applicable

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

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

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
NAME RAUENHORST, GERALD ☐ Delete
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA, MN 553439002

TITLE MGR
NAME Conway, Jason ☐ Change ☒ Addition
STREET ADDRESS 10350 Bren Road West
CITY-ST-ZIP Minnetonka, MN 55343 ☐ Change ☐ Addition

TITLE MGR
NAME RAUENHORST, MARK ☐ Delete
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA, MN 553439002

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

TITLE MGR
NAME DECKAS, ANDREW C ☐ Delete
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA, MN 553439002

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

TITLE MGR
NAME BOZESKY, MARGARET ☐ Delete
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA, MN 553439002

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

TITLE MGR
NAME NICOL, DAN F ☐ Delete
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA, MN 553439002

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

TITLE V ☒ Delete
NAME CORK, ALAN
STREET ADDRESS 10350 BREN ROAD WEST
CITY-ST-ZIP MINNETONKA, MN 55343

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

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 #

4/18/08

952-656-4604