

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001584

FILED
Mar 01, 2005
Secretary of State

Entity Name: QUICK FUEL FLEET SERVICES, LLC

Current Principal Place of Business:

11815 WEST BRADLEY ROAD
MILWAUKEE, WI 53224

New Principal Place of Business:

Current Mailing Address:

11815 WEST BRADLEY ROAD
MILWAUKEE, WI 53224

New Mailing Address:

FEI Number: 39-1957778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGRM () Delete
Name: JACOBUS, CHARLES D JR.
Address: 11815 WEST BRADLEY ROAD
City-St-Zip: MILWAUKEE, WI 53224

Title: MGRM () Delete
Name: REGENFUSS, FRED J
Address: 11815 WEST BRADLEY ROAD
City-St-Zip: MILWAUKEE, WI 53224

Title: MGRM () Delete
Name: JACOBUS, EUGENE T
Address: 11815 WEST BRADLEY ROAD
City-St-Zip: MILWAUKEE, WI 53224

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 for the exemption stated in Section 119.07(3)(i), 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: FRED J REGENFUSS

MGRM

03/01/2005

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