2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000001631

NAME STREET ADDRESS CHTY-ST-ZIP

1. Entity Name SUNSHINE RECYCLING SERVICES OF S.W. FLORIDA, L.L.C.



Principal Place of Business

20681 FRUITFUL DRIVE ESTERO, FL 33928

Mailing Address

20681 FRUITFUL DRIVE ESTERO, FL 33928

FILED

Feb 03, 2006 08:00 AM

Secretary of State

01262008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1073042 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMUNDSEN, NICK R 20881 FRUITFUL DRIVE ESTERO, FL 33928		. , [DO NOT WRITE IN THIS SPACE	
 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, typed or printed name of registered agont and the if applicable (NOTE Registered		(NOTE Registered Agent signature required when rehistating	DATE	
FI	iling Fee is \$50.00 ue by May 1, 2006	-		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM AMUNDSEN, RORY P 20681 FRUITFUL DRIVE ESTERO, FL 33928 MGRM AMUNDSEN, NICK R		.000008420137 02/15/06-80037-015 50. 0 0	
SIREET ADDRESS CITY-ST-ZIP	20681 FRUITFUL DRIVE ESTERO, FL 33928			
Title Mame Street Address City-St-zip			NOT WRITE	
Title Hame Street address City-St-Zip		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	{			

11. 1 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE