2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

DOCUMENT # L02000031828 1. Entity Name ACCESS RECORDS SHREDDING, LLC						03-21-2005 90535 046 ****50.00				
Principal Place 4240 SE 53F 0CALA, FL 3	RD AVENUE	Mailing Address 4240 SE 53RD AVENUI OCALA, FL 34480	4240 SE 53RD AVENUE			20023155				
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01052005	Chg-LLC	CR2E0	83 (10/03)	
City & State		City & State	City & State			4. FEI Number 02-0653				olied For Applicable
Zip	Country	Zip	Countr	ry			f Status Desired	_ U	\$5.00 Addi Fee Required	
	6. Name and Address of Cu	rrent Registered Agent				7. Name and A	Address of New R	egistered /	Agent	
TROW, CHESTER J 1 NE FIRST AVENUE, SUITE 303 OCALA, FL 34470				Name Street Ad	ddress (I		asndla isMot Acceptable	Avo		
8. The above	named entity submits this states	porto, the purpose of changing its	registere	City d office or	register	ed agent, or both	, in the State of Flo	FL rida. I am	Zip Code 344 familiar with, a	75 Indiaccept
the obligations of registered agent SIGNATURE Signature. Nped or printed namy of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$50.00 Due by May 1, 2005								Departm	ayable to ent of State	
9.	MANAGING M	EMBERS/MANAGERS	10.			- Listin	ADDITIONS/			
TIŢLE ,	MGRM	☐ Delete	TITLE				- <u>,</u>		Change	Addition
NAME	HELVEY, KEENAN	- —	NAME	•	•	•				
STREET ADDRESS	3185 NE 33RD AVE.		STREE	T ADDRESS						
CITY-ST-ZIP	OCALA, FL 34479		CITY-	ST-ZIP			·			
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TITLE				31-211	· ·				- Change -	CT. saantaa
NAME	***	—— Delete ——	- TITLE NAME						-[-] Ullange-	-1-Additions
STREET ADDRESS				T ADDRESS		-				
CITY-ST-ZIP			CITY-	ST-ZIP						
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NAME *			NAME	.						
STREET ADDRESS				T ADDRESS						
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STREET ADDRESS	or spart to the second of	in the comment of the		T ADDRESS			. 152	5 7 1 1 5 14	المتحالة المتألف	1 (-M) 10-T
CITY-ST-ZIP				ST-ZIP				1		
11. I hereby o	certify that the information supplie	ed with this filling does not qualify for	r the exem	nption state	ed in Se	ction 119.07(3)(i)	, Florida Statutes. I	further cer	tify that the inf	ormation of the

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:

AM OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/9/08 Date 352-624-2069