

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90117 035 \*\*\*\*50.00

<b>DOCUMENT # L03000001417</b>					
<b>1. Entity Name</b> CONSOLIDATED ENVIRONMENTAL ENGINEERING, LLC					
<b>Principal Place of Business</b> 245 EAST DRIVE SUITE 103 MELBOURNE, FL 32904			<b>Mailing Address</b> P. O. BOX 120249 W. MELBOURNE, FL 32912		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02022004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 14-1862337				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  SHIVELY, DUANE A 245 EAST DRIVE, SUITE 103 W. MELBOURNE, FL 32904			<b>7. Name and Address of New Registered Agent</b> Name <u>Tim Scott</u> Street Address (P.O. Box Number Is Not Acceptable) <u>4389 Ligustrum Drive</u> City <u>Melbourne</u> FL    Zip Code <u>32934</u>		
<b>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.</b>					
SIGNATURE <u>Tim Scott</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <u>Tim Scott</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>2-9-04</u>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Tim Scott 4389 Ligustrum Dr Melbourne, Fl. 32934 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. President Duane A. Shively 245 East Drive Suite 103 W. Melbourne, Fl 32904 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
SIGNATURE: <u>Tim Scott</u>		SIGNATURE: <u>Tim Scott</u>		Date <u>2-9-04</u>	Daytime Phone # <u>321-951-3830</u>

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Attachment  
24010316



## Division of Corporations

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