


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000033797

1. Entity Name
SHRED ALL SERVICES, LLC



Principal Place of Business 7317 N.E. 1ST PLACE MIAMI, FL 33138	Mailing Address 7317 N.E. 1ST PLACE MIAMI, FL 33138
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04182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 83-0398435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STUART, CARY
 3400 S.W. THIRD AVE.
 MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
(Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reselecting))

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BUCHMAN, BENNETT 7321 NE 1ST PL MIAMI, FL 33138
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U00000526015
 05/04/06-80057-018 50.00

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: *Bennett Buchman* **BUCHMAN, BENNETT** **4/19/06** **(305) 216-0142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #