2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am

DOCUMENT # L04000033797 1. Entity Name SHRED ALL SERVICES, LLC							Secretary of State 04-30-2007 90038 037 ****50.00				
Principal Place of Business Mailing Address					<u> </u>						
7317 N.E. 1ST PLACE MIAMI, FL 33138			7317 N.E. 1ST PLACE MIAMI, FL 33138			4000	- د ن				
2 Principal P	long of Aurinasa - Na	. D.O. Day #	9 Mazza Addasa								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					NA 69193 (14 05 1111)		es in 1646	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262007	Chg-LLC	CR2E08	3 (12/06)		
City & State			City & State. WIAM, FL			4. FEI Numb			_ 	plied For	
Zip	Zip Country				try A		83-0398435 Not Applicab 5. Certificate of Status Desired \$5.00 Additional			litional	
	6. Name and Ad	dress of Current R	<i>93/50</i> Registered Agent			7 Name an	d Address of New F		ee Required	<u> </u>	
					Name	1. 1441119 441	4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	togiotorou 74	,		
STUART, CARY 3400 S.W. THIRD AVE.					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33145											
* ; }•					City			FL	Zip Code	9	
8. The above	named entity submits		the purpose of changing its	register	ed office or re	egistered agent, or be	oth, in the State of F		miliar with.	and accept	
the obligati	ions of registered age	ent.									
SIGNATURE .	Signature, typed or printed or	ame of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agant signature	required when remataling)		DATE			
							2,1		1		
Filing Fee is \$50.00 Due by May 1, 2007								e check pa a Departme			
9.	· · · · · · · · · · · · · · · · · · ·	NAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE NAME	MGRM BUCHMAN, BEN	NETT	☐ Delete	TITL	, i				Change	Addition	
STREET ADDRESS	7321 NE 1ST PL				ET ADDRESS						
CITY-ST-ZEP	MIAMI, FL 33138			CITY	-ST-ZIP						
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CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TILE		***************************************	☐ Delete	ıπı					Change	Addition	
NAME				NAM	- 1				_ •		
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TITLE			☐ Delete	TITE	·ST-ZIP	·····			Channa C		
NAME			€ CENTRE	NAM	i .				Change	☐ Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
11. I hereby of indicated	on this report is true:	and accurate and t	this filing does not qualify to that my signature shall have empowered to execute this	the exe	mptions conta e legal effect	as it made under oat	th; that I am a mana	urther certify t	hat the info	rmation er of the	

SIGNATURE: SIGNATURE: DULL DEVICE DEVICE DULL DEVICE PHONE P