


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000061187**

1. Entity Name  
**COASTLINE RECYCLING, LLC**



Principal Place of Business <b>9200 SOUTH DADELAND BLVD          SUITE 508          MIAMI, FL 33156 US</b>	Mailing Address <b>PO BOX 17-0938          HIALEAH, FL 33017 US</b>
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**DO NOT WRITE IN THIS SPACE**



02202008 No Chg-LLC CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

**KUKER, HOWARD ESQ  
 9200 SOUTH DADELAND BLVD  
 SUITE 508  
 MIAMI, FL 33156**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

1000000070720  
 04/09/08-80113-002 149.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IBARRA, EDUARDO M PO BOX 17-0938 HIALEAH, FL 33017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHANK, JOAN D PO BOX 17-0938 HIALEAH, FL 33017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPERLING, BENJIE PO BOX 17-0938 HIALEAH, FL 33017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **3-24-08** **305 637 1200**

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