

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116305

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** HANDEX CONSULTING AND REMEDIATION - SOUTHEAST, LLC

**Current Principal Place of Business:**

30941 SUNEAGLE DRIVE  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

30941 SUNEAGLE DRIVE  
MT. DORA, FL 32757

**New Mailing Address:**

FEI Number: 20-3908156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERKSON, GARY M  
111 NORTH ORANGE AVENUE, SUITE 1200  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HANDEX CONSULTING & REMEDIATION, LLC  
Address: 30941 SUNEAGLE DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: MGR  
Name: HOLMSTROM, CHRISTIAN  
Address: 30941 SUNEAGLE DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT J MERCER

MGR

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date