

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
Apr 30, 2007 8:00 am
Secretary of State

04-09-2007 90354 041 ****50.00

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| DOCUMENT # L06000048277 | | | | | |
| 1. Entity Name GROUND F/X ENVIRONMENTAL SERVICES, LLC | | | | | |
| Principal Place of Business 2565 SW BARBER LANE PORT ST. LUCIE, FL 34984 US | | | Mailing Address 2565 SW BARBER LANE PORT ST. LUCIE, FL 34984 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01292007 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-4852621 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GAUDET, MATTHEW 2565 SW BARBER LANE PORT ST. LUCIE, FL 34984 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaxing)</small> | | | | | |
| Filing Fee is \$60.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GAUDET, MATTHEW 2565 SW BARBER LANE PORT ST. LUCIE, FL 34984 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 | |
| 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 <i>Matthew Gaudet</i> | | | Date <i>4-4-07</i> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |