


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

|   |   |   |
|---|---|---|
| DOCUMENT # L06000048277   |   |  |
| 1. Entity Name<br>GROUND F/X ENVIRONMENTAL SERVICES, LLC                          |   |   |
| Principal Place of Business<br>2565 SW BARBER LANE<br>PORT ST. LUCIE, FL 34984 US | Mailing Address<br>2565 SW BARBER LANE<br>PORT ST. LUCIE, FL 34984 US |   |

**FILED**  
**Jul 31, 2008 08:00 AM**  
**Secretary of State**



04082008No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>20-4852621   | Applied For<br>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

GAUDET, MATTHEW  
2565 SW BARBER LANE  
PORT ST. LUCIE, FL 34984

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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)      DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

|                |                          |
|----------------|--------------------------|
| TITLE          | MGRM                     |
| NAME           | GAUDET, MATTHEW          |
| STREET ADDRESS | 2565 SW BARBER LANE      |
| CITY-ST-ZIP    | PORT ST. LUCIE, FL 34984 |
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U00000956730  
07/31/08-80002-003 538.75

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: *Matthew Gaudet*      Y      \_\_\_\_\_

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