


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90080 028 ****50.00

DOCUMENT # M06000003550	
1. Entity Name MERICHEM CHEMICALS & REFINERY SERVICES LLC	

Principal Place of Business 5455 OLD SPANISH TRAIL HOUSTON, TX 77023	Mailing Address 5455 OLD SPANISH TRAIL HOUSTON, TX 77023
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DO NOT WRITE IN THIS SPACE



07312007No Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0542179	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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.

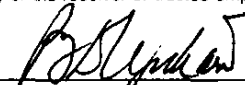
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CURRIE, KEN F 5455 OLD SPANISH TRAIL HOUSTON, TX 77023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR UPSHAW, BRUCE D 5455 OLD SPANISH TRAIL HOUSTON, TX 77023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FILES, BARBARA D 5455 OLD SPANISH TRAIL HOUSTON, TX 77023
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____