

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000133180

Entity Name: ADVANCED REMEDIATION SOLUTIONS, LLC

Current Principal Place of Business:

501 S. DISSTON AVENUE
MINNEOLA, FL 34715

Current Mailing Address:

P.O. BOX 391
MINNEOLA, FL 34755 US

FEI Number: 46-1234304

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AIRTH, HAL AJR
500 S. FLORIDA AVENUE
SUITE 300
LAKELAND, FL 33801 US

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

Authorized Person(s) Detail :

Title MGRM
Name INCIDENT MANAGEMENT HOLDINGS, INC.
Address P.O. BOX 391
City-State-Zip: MINNEOLA FL 34755

Title P
Name YEAGER, JUDY
Address P.O. BOX 391
City-State-Zip: MINNEOLA FL 34755

Title VP
Name YEAGER, DAVID
Address P.O. BOX 391
City-State-Zip: MINNEOLA FL 34755

Title VPST
Name MOTES, WHITNEY E
Address P.O. BOX 391
City-State-Zip: MINNEOLA FL 34755

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WHITNEY MOTES

VPST

04/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date