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T. BROWN

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: MAIN RECYCLING Company LLLP  Name of Limited Partnership or Limited Liability Limited Partnership				
DOCUMENT NUMBER: A   0000000 298				
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Sinda Wathins Contact Person				
Firm/Company				
P.O. Box 2348 Address				
Jacksonville, FL 32203 City, State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Links Wathins at (904) 354-3708				
Name of Contact Person Area Code and Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Florida Department of State.				
STREET ADDRESS: MAILING ADDRESS:				

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Registration Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Main Recuc	ling Com	PANY LLLP	
Name of Limited	Partnership or Limited	Liability Limited Partnership	<del></del>
2. 5 21 2010  Date of filing/registration in	n Florida	3. P1000000 Florida documen	
<ol> <li>The name of the registered agent Department of State:</li> </ol>	and the registered office	e address as shown on the re-	cords of the Florida
Jame	S R C	o le	
1352	W Beaver Address	n Street	15 F
Jacks	City, State and	32209 Zip	
5. The name and Florida street addr	ress of the new registere	d agent and/or office:	A P
Linde	WATKIN Name	<u> </u>	PH 1: 20
1352 Florid	W Beaver a street address (P.O. B		) )
Jackson	City, State and	FL <u>32209</u>	
6. Such change(s) is/are effective w	then filed by the Florida	Department of State.	
Signature of General Partner	1 10		
I hereby accept the appointment as comply with the provisions of all sta and I am familiar with an accept the	itutes relative to the pro	per and complete performan	
Luida Watking			
Signature of Registered Agent			
Filing Fee:	\$35.00		

Certified Copy (optional): \$52.50