

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000018136**

1. Entity Name  
**TIPS TO SCRAP, LLC**



Principal Place of Business  
**999 HARBOR VIEW NORTH  
HOLLYWOOD, FL 33019**

Mailing Address  
**666 71 STREET  
% JUDD BERKLEY  
MIAMI BEACH, FL 33141**



07122007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3917532</b>	Applied For <input type="checkbox"/> 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**

**REDENSKY, SHARON  
999 HARBOR VIEW NORTH  
HOLLYWOOD, FL 33019**

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

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

000000772132  
08/16/07-80003-008 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	REDENSKY, SHARON
STREET ADDRESS	999 HARBOR VIEW NORTH
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	
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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

✓ **July 19, 07**  
Date Daytime Phone #