2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L02000000707

Entity Name: ADVANCED REMEDIATION, LLC

Current Principal Place of Business:

5590 N. PINE HILLS ROAD
ORLANDO, FL 328103206

New Principal Place of Business:

Current Mailing Address:

5361 YOUNG PINE RD
ORLANDO, FL 32829

New Mailing Address:

FEI Number: 20-1470962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MEADE, JAMES M II
5361 YOUNG PINE RD
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

JOHN A LEKLEM PA
5151 ADANSON ST
SUITE 98
ORLANDO, FL 32804 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: JOHN A LEKLEM PA 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MEADE, JAMES M II	
Address:	5361 YOUNG PINE RD	
City-St-Zip:	ORLANDO, FL 32829	
Title:	MGR	( ) Delete
Name:	BRAY, WAYLEN O	
Address:	26 ROOSEVELT AVE	
City-St-Zip:	STAMFORD, NY 12167	
Title:	MGR	( ) Delete
Name:	BRAY, LAWRENCE A	
Address:	RR 70, BOX 534-1	
City-St-Zip:	AMARGOSA, NV 89020	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JAMES M MEADE II MGRM 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date