

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90002 009 *****55.00

DOCUMENT # L02000006813

1. Entity Name

ENVIRONMENTAL SERVICES, LLC



Principal Place of Business

107 POINT COMFORT RD.
MARY ESTHER FL 32569-2025

Mailing Address

107 POINT COMFORT RD.
MARY ESTHER FL 32569-2025

2. Principal Place of Business

2387 Placid Dr.

3. Mailing Address

P.O. Box 567

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Ft. Walton Beach, FL

City & State
Shalimar, FL

4. FEI Number 74-3055453

Applied For
Not Applicable

Zip
32547

Country
USA

Zip
32579

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADFORD, MICHAEL
107 POINT COMFORT RD.
MARY ESTHER FL 32569-2025

Name Same
Street Address (P.O. Box Number is Not Acceptable)
2387 Placid Dr.
City Ft. Walton Beach FL Zip Code 32547

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 *Michael S. Bradford* Michael S. Bradford Manager 9/16/2003
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

MINIMUM FEE OF \$50.00
FOR ADOPTING CORPORATE BYLAWS

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Michael S. Bradford 2387 Placid Dr. Ft. Walton Beach, FL 32547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael S. Bradford* Michael S. Bradford 9/16/03 (850) 642-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)