


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000016424</b> 1. Entity Name <b>TRG ENVIRONMENTAL CONTRACTORS, LLC</b>	
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Principal Place of Business <b>331 BRUCE STREET ST. GEORGE FL 32328</b>	Mailing Address <b>P.O. BOX 906 APALACHICOLA FL 32329</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc	3. Mailing Address  Suite, Apt #, etc	City & State  City & State
Zip  Country	Zip  Country	4. FEI Number <b>20-0052883</b>

1st MOORE      CR2E083 (10/06)

6. Name and Address of Current Registered Agent  <b>GUNTER, CHAD E 331 BRUCE STREET ST. GEORGE FL 32328</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City
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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 Chad E. Gunter      P. Manager      3-8-07  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GUNTER, CHAD E</b> <b>331 BRUCE STREET</b> <b>ST. GEORGE FL 32328</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000699239</b> <b>04/19/07-80034-020 50.00</b>
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
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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Chad E. Gunter      3-8-07      229-869-2323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #