2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L02000023261 03-15-2005 90348 046 ****50.00 ADVANCED ENVIRONMENTAL SERVICES OF SOUTHWEST FLORIDA, L.L.C. Mailing Address Principal Place of Business **7621-18 15TH STREET EAST** 7621-1B 15TH STREET EAST SARASOTA, FL 34243 SARASOTA, FL 34243 3. Mailing Address 2. Principal Place of Business 19239 N. DALEMABLY HIGHWAY Suite, Apt. #, etc. Suite, Apt. #, etc. 01272005 Cha-LLC CR2E083 (10/03) #415 City & State City & State 4. FEI Number Applied For LUTZ. FI 11-3651793 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33548-5067 Fee Required USA 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent WHITTAKER, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 828 MAGELLAN DRIVE 4052 CHATUM LIGHT RUN SARASOTA, FL 34243 BRADENTON, FL 34202 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ----ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR Change ☐ Addition TITLE TITLE ☐ Delete WHITTAKER, CHRISTOPHER NAME NAME 828 MAGELLAN DRIVE 7052 CHATUM WEHTRON STREET ADDRESS STREET ADDRESS SARASOTA FL 34343 BRADENTON FJ 34202 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition 🕝 🖟 Addition PARCER & 1757 TITLE TITLE ☐ Delete ្នុងចំពេញ ដូច្នាំកំ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 15, 2005 8:00 am

730-5138