2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 30, 2006 8:00 am Secretary of State 01-30-2006 90151 017 ****50.00 THE SEA

DOCUMENT # L02000026048 1. Entity Name ENVIRONMENTAL MARKETING SERVICES, LLC							01-30-2006	5 901 5 1 01	17 ****5	50.00
Principal Place 109 GLENWO SATELLITE BI	OD AVENUE		Mailing Address PO BOX 120249 MELBOURNE, FL 32912 US			1.180(181)	A 4014 ANN MULL BUIL BOIL	II AGUA ATAFA BEFUL	##:# # # #	25) (((188)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01232006	Chg-LLC	CR2E08	3 (11/05)		
City & State			City & State		4. FEI Numb				plied For t Applicable	
Zip	Country		Zip			5. Certificate of Status Desired		<u>ب</u> ج	\$5.00 Additional Fee Required	
	6. Name	and Address of Current I				7. Name and Address of New Registered Agent				
CUN/ELV	DUANT 1	•	-Name							
SHIVELY, 370 BAYTI MELBOUR	REE DRIV	'E	Street Add			is (P.O. Box Number is Not Acceptable)				
	·	•	 ,		City			FL	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										
Fi Di	ling Fee i ue by May	s \$50.00					Make check payable to Florida Department of State			
9.		MANAGING MEMBE	DS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MANAGING MEMBERS/MANAGERS 10 MGRM Delete III				" 1		ADDITIONS		Change	Addition
NAME					AE AE				onlings	_ ABBUTTON
STREET ADDRESS	370 BAYT	REE DR		STR	EET ADDRESS					
CITY-ST-ZIP	MELBOU	RNE, FL 32904	-	CITY-ST-ZIP						
THILE	MGR	Delete	TITL	I				☐ Change	☐ Addition	
NAME STREET ADDRESS	SCOTT, T		NAM		-					Ì
CITY-ST-ZIP	l	JSTRUM DR. RNE, FL 32934			EET ADORESS /-ST-ZIP					
TITLE	Delete				.E				☐ Change	Addition
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP	-				EET ADDRESS				_	
TITLE			☐ Delete	TITL					☐ Change	Addition
NAME				NAM	_					
STREET ADDRESS					EFT ADDRESS					
CITY+ST+ZIP					/-ST-ZIP					
TITLE NAME	☐ Detete Ti				.E AE				Change	Addition
STREET ADDRESS					EET ADDRESS					
CITY - \$1 - ZIP				CITY	/-ST-ZIP					
TITLE	☐ Delete Til				1				☐ Change	☐ Addition
NAME STREET ADDRESS	N. S				AE EET ADDRESS					
CITY-ST-ZIP	STREET AUDITIESS CITY-ST-ZIP									
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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGER MEANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Prone #										