

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

50

DOCUMENT # L02000031828

1. Entity Name
ACCESS RECORDS SHREDDING, LLC



FILED

06 MAR 27 PM 12:40

CLERK OF THE STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4240 SE 53RD AVENUE
OCALA, FL 34480

Mailing Address
4240 SE 53RD AVENUE
OCALA, FL 34480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162006 Chg-LLC CR2E083 (11/05)

4. FEI Number
02-0653988

Applied For
Not Applicable

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

TROW, CHESTER J
21 N MAGNOLIA AVE
OCALA, FL 34470

Name

Keenan Helvey

Street Address (P.O. Box Number is Not Acceptable)

4240 SE 53rd Ave

City

Ocala

FL

Zip Code

34480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HELVEY, KEENAN
3185 NE 33RD AVE.
OCALA, FL 34479 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
500069632975
04/06/06--01041--012 ***350.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
JH 3/30

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3/22/06 624-2269