

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90056 033 ****55.00

DOCUMENT # L02000034681

1. Entity Name
SOUTH FLORIDA ENVIRONMENTAL SERVICES, LLC



Principal Place of Business
6861 VISTA PARKWAY NORTH
WEST PALM BEACH, FL 33411

Mailing Address
65 PARKER STREET
UNIT #3
NEWBURYPORT, MA 01950

14025468



2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004 Chg-LLC CR2E083 (10/03)

4. FEI Number
48-1289928

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

HOPPER, THOMAS G.
6861 VISTA PARKWAY NORTH
WEST PALM BEACH, FL 33411

Name

Street Address (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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HOPPER, THOMAS G
STREET ADDRESS 6861 VISTA PARKWAY NORTH
CITY-ST-ZIP WEST PALM BEACH, FL 33411

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Thomas G. Hopper / THOMAS G. HOPPER

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

7/8/04

Date

(978) 499-9300

Daytime Phone #