


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000001417
 1. Entity Name
 CONSOLIDATED ENVIRONMENTAL ENGINEERING, LLC



Principal Place of Business 245 EAST DRIVE SUITE 103 MELBOURNE, FL 32904	Mailing Address 245 EAST DRIVE SUITE 103 MELBOURNE, FL 32904
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02192008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1862337	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCOTT, TIM
 667 AUTUMN GLEN DR
 MELBOURNE, FL 32940

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000840273
 03/06/08-80041-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, TIM 667 AUTUMN GLEN DR MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, LISA 667 AUTUMN GLEN DR MELBOURNE, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Tim Scott* *Lisa Scott* 2-19-08 321-951-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #