

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-18-2004 90186 035 ****50.00

DOCUMENT # L03000010645			
1. Entity Name FREEDOM RECYCLING HOLDINGS, LLC			
Principal Place of Business 801 ANCHOR RODE DRIVE SUITE 203 NAPLES FL 34103		Mailing Address 801 ANCHOR RODE DRIVE SUITE 203 NAPLES FL 34103	
2. Principal Place of Business 16711 GARDEN ROAD		3. Mailing Address 16711 GARDEN ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FOR MYERS FL		City & State FOR MYERS FL	
Zip 33912	Country	Zip 33912	Country
4. FEI Number 68-0548877		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DESTAVEN, PHILIP 11850 ISLE OF PALMS DRIVE FORT MYERS BEACH FL 33931		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DESTAVEN, PHILIP J JR. P.O. BOX 08324 FT MYERS FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER BRIAN WILES 829 SHORE DRIVE BOYNTON BEACH, FL 33435 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME 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 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: 		3/11/04 239-489-0505	
SIGNATURE AND TYPED OR PRINTED NAME OF BORING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	