


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

5/ **Jun 02, 2006 8:00 am**
Secretary of State

05-01-2006 90036 046 ****50.00

DOCUMENT # L03000010646 1. Entity Name FREEDOM RECYCLING, LLC	
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Principal Place of Business 16711 GATOR ROAD FORT MYERS, FL 33912	Mailing Address 16711 GATOR ROAD FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



01102006No Chg-LLC CR2E083 (11/05)

4. FEI Number 68-0548879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DE STAVEN, PHILIP
11850 ISLE OF PALMS DRIVE
FORT MYERS, FL 33931
*P.O. BOX 08324
FORT MYERS, FL
33908*

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DESTAVEN, PHILIP J JR. P O BOX 08324 FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LULFS, BRIAN 829 SHORE DRIVE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 606, Florida Statutes.

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

5/25/06 **339-489-0505**
Date Devoles Phone #