

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014555

FILED  
Feb 20, 2006  
Secretary of State

**Entity Name:** AMERISTAR MOBILE SHREDDING LLC

**Current Principal Place of Business:**

11985 SOUTHERN BLVD.  
#255  
ROYAL PALM BEACH,, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

12767 PINEACRE LANE  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 20-0004188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAXON, DWIGHT  
12767 PINEACRE LANE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SAXON, DWIGHT  
Address: 12767 PINEACRE LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Delete  
Name: SAXON, WAYNE H  
Address: 1162 SILVER RIDGE STREET  
City-St-Zip: WELLINGTON, FL 33467

Title: MGR ( ) Delete  
Name: CONNIE, SAXON R  
Address: 12767 PINEACRE LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Delete  
Name: LANA, SAXON  
Address: 1162 SILVER RIDGE STREET  
City-St-Zip: WELLINGTON, FL 33467

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** DWIGHT SAXON

MGR

02/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date