

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014555

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** SAXON ARCHIVES 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:**

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

**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: CEO  
Name: SAXON, DWIGHT  
Address: 12767 PINEACRE LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: OPR  
Name: JESSELL, ROB  
Address: 10897 PASO FINO DRIVE  
City-St-Zip: WELLINGTON, FL 33449

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

I hereby 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

CEO

04/13/2010

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