

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90067 001 *****55.00

DOCUMENT # L03000015695					
1. Entity Name R.T.S WASTE&RECYCLING LLC					
Principal Place of Business 1903 NW 40TH CT. POMPAÑO BEACH, FL 33064			Mailing Address 1903 NW 40TH CT. POMPAÑO BEACH, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent SILVESTRI, RICHARD 1903 NW 40TH CT. POMPAÑO BEACH, FL 33064				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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> DATE 8/14/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SILVESTRI, RICHARD 4381 SW 10TH PLACE APT 202 DEERFIELD BEACH, FL 33442			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SULLIVAN, PATRICK 2101 NE 44TH ST. LIGHTHOUSE POINT, FL 33064			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 8/14/04 DAYTIME PHONE # 954 520 1012	

