

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029747

FILED
Apr 27, 2006
Secretary of State

Entity Name: 1ST ENVIRONMENTAL SOLUTIONS, LLC

Current Principal Place of Business:

11515 CHARLIES TERRACE
C/O JOHN GRIFFITH
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

11515 CHARLIES TERRACE
C/O JOHN GRIFFITH
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 90-0103800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, JOHN
11515 CHARLIES TERRACE
FORT MYERS, FL 33907 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: P () Delete
Name: GRIFFITH, JOHN D
Address: 4319 S PACIFIC CIR
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP () Delete
Name: BOOTH, DAN
Address: 11515 CHARLIES TER
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP () Delete
Name: ALDERSON, LAUREL
Address: 11515 CHARLIES TER
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

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

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

Title: VP (X) Change () Addition
Name: ALBION, LAURI
Address: 11515 CHARLIES TER
City-St-Zip: FORT MYERS, FL 33907

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: JOHN GRIFFITH

P

04/27/2006

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