


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90427 003 ****50.00

DOCUMENT # L03000040293	
1. Entity Name CAN-DO RECYCLING LLC	

Principal Place of Business 26128 C.R. 448A MT DORA FL 32757 US	Mailing Address 26128 C.R. 448A MT DORA FL 32757 US
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94034479



2. Principal Place of Business 1025 S. Semoran Blvd.	3. Mailing Address 1025 S. Semoran Blvd.
Suite, Apt. #, etc. Suite # 1093	Suite, Apt. #, etc. Suite # 1093
City & State Winter Park FLA.	City & State Winter Park, FLA.
Zip 32792	Country Orange

MOORE CR2E083 (11/03)

4. FEI Number 90-0114347	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTS, MANDY 26128 C.R. 448A MT DORA FL 32757	7. Name and Address of New Registered Agent Name Brian McCutcheon Street Address (P.O. Box Number is Not Acceptable) 1025 S. Semoran Blvd. Suite 1093 City Winter Park FL Zip Code 32792
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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 *Kevin McCutcheon* / *Brian McCutcheon 3/18/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RITCHIE, ALBERT E JR 26128 C.R. 448A MT DORA FL 32757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCUTCHEON, BRIAN 1025 S. Semoran Blvd. Suite #1093 Winter Park, FL 32792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCUTCHEON, KEVIN 26128 C.R. 448A MT DORA FL 32757 <input type="checkbox"/> Delete <i>Change of Address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCUTCHEON, KEVIN 1025 S. Semoran Blvd. Suite #1093 Winter Park, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Kevin McCutcheon* / *Brian McCutcheon 3/18/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #