

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000000132

1. Entity Name
ENVIRONMENTAL SOLUTIONS OF BROOKSVILLE, LLC



Principal Place of Business
**610 W. JEFFERSON STREET
BROOKSVILLE, FL 34601**

Mailing Address
**P.O. BOX 12094
BROOKSVILLE, FL 34603**



03152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0765480

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FIELDS & FOSTER, P.A.
333 S. PLANT AVENUE
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000477896
04/07/06-80008-015 \$5.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HEINEY, JODY E MS
610 W. JEFFERSON ST.
BROOKSVILLE, FL 34601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
COOPER, RAYMOND M MR
610 W. JEFFERSON ST.
BROOKSVILLE, FL 34601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

[Signature]

March 16, 2006 (813)254-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #