

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000132

FILED
Apr 16, 2007
Secretary of State

Entity Name: ENVIRONMENTAL SOLUTIONS OF BROOKSVILLE, LLC

Current Principal Place of Business:

610 W. JEFFERSON STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12094
BROOKSVILLE, FL 34603

New Mailing Address:

FEI Number: 20-0765480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HEINEY, JODY E
610 ERIN WAY
BROOKSVILLE, FL 34601 US

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: JODY HEINEY

04/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEINEY, JODY E MS
Address: 610 W. JEFFERSON ST.
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: MGRM () Delete
Name: COOPER, RAYMOND M MR
Address: 610 W. JEFFERSON ST.
City-St-Zip: BROOKSVILLE, FL 34601 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEINEY, JODY E MS
Address: 610 ERIN WAY
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: MGRM (X) Change () Addition
Name: HEINEY, RYAN J MR
Address: 610 ERIN WAY
City-St-Zip: BROOKSVILLE, FL 34601 US

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: JODY E. HEINEY

MGRM

04/16/2007

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