


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90132 012 \*\*\*\*55.00

<b>DOCUMENT # L04000001213</b> 1. Entity Name <b>ARCHER ENVIRONMENTAL SERVICES, LLC</b>					
Principal Place of Business <b>1139 VIZCAYA LKS RD SUITE 107 OCOE, FL 34761 US</b>			Mailing Address <b>1139 VIZCAYA LKS RD SUITE 107 OCOE, FL 34761 US</b>		
2. Principal Place of Business - No P.O. Box # <b>473 JORDAN STUART Circle</b>		3. Mailing Address <b>473 JORDAN STUART Circle</b>			
Suite, Apt. #, etc. <b>Suite 105</b>		Suite, Apt. #, etc. <b>Suite 105</b>			
City & State <b>Apopka, Florida</b>		City & State <b>Apopka, Florida</b>			
Zip <b>32703</b>		Country <b>United States</b>		Zip <b>32703</b>	
Country <b>United States</b>		Country <b>United States</b>			
6. Name and Address of Current Registered Agent  <b>ARCIERO, ROBERT C 1617 SOUTH KIRKMAN ROAD SUITE 1104 ORLANDO, FL 32811</b>			7. Name and Address of New Registered Agent Name <b>ROBERT C ARCIERO</b> Street Address (P.O. Box Number is Not Acceptable) <b>473 JORDAN STUART Circle, Suite 105</b> City <b>Apopka</b> <b>FL</b> Zip Code <b>32703</b>		
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 <u><i>Robert C Arciero</i></u> <span style="float: right;">1-8-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ARCIERO, ROBERT C 1137 VIZCAYA LKS RD, STE 107 OCOE, FL 34761</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ARCIERO, ROBERT C 473 JORDAN STUART Circle, Suite 105 Apopka, FL 32703</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Robert C Arciero</i></u>			1-8-07 407-267-2631		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		