

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010207

FILED
Jul 13, 2008
Secretary of State

Entity Name: ALL AMERICAN DEBRIS & WRECKING, LLC

Current Principal Place of Business:

4118 CRANSLEY PLACE
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

PO BOX 24071
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 20-0786496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CLARK, MARISSA M
4118 CRANSLEY PLACE
JACKSONVILLE, FL 32257 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: CLARK, MARISSA M
Address: 4118 CRANSLEY PLACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: CLARK, JOHN C
Address: 4118 CRANSLEY PLACE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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 C CLARK

VP

07/13/2008

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