


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

403493

FILED
May 03, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000036599 1. Entity Name SOUTH FLORIDA CONTAINER REPAIR, LLC |  |
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| | |
|---|---|
| Principal Place of Business 125 NE 9TH STREET MIAMI, FL 33132 | Mailing Address 125 NE 9TH STREET MIAMI, FL 33132 |
|---|---|



04022007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|--|
| 4. FEI Number 06-1725305 | Applied For <input type="checkbox"/> Not Applicable |
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|--|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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6. Name and Address of Current Registered Agent

**NOVO, GEORGE
9801 NW 106TH STREET
MEDLEY, FL 33178**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

000000760228
05/25/07-80003-011 55.00

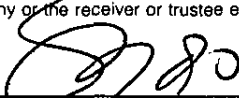
9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NOVO, GEORGE 9801 NW 106TH STREET MEDLEY, FL 33178 |
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**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:



George Novo

05/01/07 (305) 863-0040

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

Date

Daytime Phone #