2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 28, 2007 8:00 am Secretary of State

DOCUMENT # L04000047532 1. Entity Name ALL STAR RECYCLING, LLC						02-28-2007 !	90151 04	40 ****50).00
Principal Place 6911 WALLIS WEST PALM E		Mailing Address 6911 WALLIS ROAD WEST PALM BEACH, FL 33413 US			60019901				
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address 190 Hillbrath Dr							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02152007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State Lantana FL			4. FEI Numb 55-087			<u> </u>	plied For t Applicable
Zip	Country	33402	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent	Name		7. Name and	d Address of New R	egistered /	Agent	
GUSMANO 790 HILLBI	O, CHARLES				P.O. Box Numb	per is Not Acceptable	9)		
LANTANA,		_							
			City				FL	Zip Code	9
	named entity submits this statement for ions of registered agent. Signature typed or printed name of registered agent.		egistered office				2 - DATE	16 -	O7
Filing Fee Is \$50.00 Due by May 1, 2007				•			e check p a Departm	ayable to ent of State	•
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	/CHANGES	; · · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUSMANO, CHARLES 790 HILLBRATH DR. LANTANA, FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMANGINO, ANTHONY 790 HILLBRATH DRIVE LANTANA, FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADURES CITY-ST-ZIP	MG Lon 1790 La	rem nangin ntana	o Charles rath Dr. FL 334	s 162	☐ Change	▼ . Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			,		Change	Addition
TITLE NAME STREET ADDRESS City-S1-ZiP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				☐ Change	Addilion
indicated	certify that the information supplied will to not his report is true and accurate any while receiver or truster.	d that my signature shall have th	ne same legal e	mecias ii	made under oa	iin; inai i am a mana	further certifuging memb	ly that the info er or manage	ormation er of the