

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90098 028 ***138.75

DOCUMENT # L04000047532

1. Entity Name
ALL STAR RECYCLING, LLC



Principal Place of Business
**6911 WALLIS ROAD
WEST PALM BEACH, FL 33413 US**

Mailing Address
**790 HILLBRATH DR
LANTANA, FL 33462 US**

00000000



2. Principal Place of Business - No P.O. Box #
4537 45th St.

3. Mailing Address
Suite, Apt. #, etc.

02212008 Chg-LLC CR2E083 (12/06)

City & State
West Palm Beach, FL
Zip
33407 Country
USA

City & State
Zip Country

4. FEI Number
55-0874877 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUSMANO, CHARLES
790 HILLBRATH DR.
LANTANA, FL 33462**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/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
☐ 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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOMANGINO, CHARLES
790 HILLBRATH DR
LANTANA, FL 33462** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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.

SIGNATURE: Charles Gusmano 2/22/08 561-582-6688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #