


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000061187 1. Entity Name COASTLINE RECYCLING, LLC	
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Principal Place of Business 9200 SOUTH DADELAND BLVD SUITE 508 MIAMI, FL 33156 US	Mailing Address PO BOX 17-0938 HIALEAH, FL 33017 US
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DO NOT WRITE IN THIS SPACE



02202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KUKER, HOWARD ESQ 9200 SOUTH DADELAND BLVD SUITE 508 MIAMI, FL 33156
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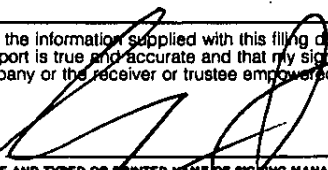
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DO NOT WRITE IN THIS SPACE
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11000000070720
04/09/08-80103-002 149.75

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IBARRA, EDUARDO M PO BOX 17-0938 HIALEAH, FL 33017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHANK, JOAN D PO BOX 17-0938 HIALEAH, FL 33017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPERLING, BENJIE PO BOX 17-0938 HIALEAH, FL 33017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3-24-08 <small>Date</small>	305 637 1200 <small>Daytime Phone #</small>
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