## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** May 16, 2005 8:00 am Secretary of State

DOCUMENT # L0400065371  1. Entity Name ENVIRONMENTAL SOLUTION, LLC				05-16-2005 90039 027 ****50.00					
Principal Place	e of Business	Mailing Address			1	<b>ራ</b> ሀህ	יטטני	U	
P.O. BOX 776		P.O. BOX 770550							
WINTER GARDEN, FL 34777		WINTER GARDEN, FL 34777							
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02042005	Chg-LLC	CR2E0	83 (10/03)	
City & State		City & State		4. EEL Number 30 - 02	89428			olied For Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired		\$5.00 Addi Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	Agent	
ANTHONY	CORETTA S			Name					
	DLONIAL DRIVE, STE. 104			Street Address	P.O. Box Number	r is Not Acceptable	)		
	), FL 32804			<b></b>					
				City			FL	Zip Code	1
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistere	ed office or registe	red agent, or both	, in the State of Flo	rida. I am t	familiar with, a	and accept
SIGNATURE .						÷	1		
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE:	Registered	d Agent signature require	d when reinstating)		DATE		<del></del>
Fi O:	iling Fee is \$50.00 ue by May 1, 2005	INOTE:	. Registered	d Agent signature required	d when reinstating)		e check p	ayable to ent of State	4
Fi De	ling Fee is \$50.00		Registered	d Agent signature required	j when reinstating}		e check p	ent of State	1
D:	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE				y when reinstating}	Florida	e check p	ent of State	Addition
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11. I hereby certify that the information supptied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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

Mike Thomas MGRM

407-877-22-66