2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:-

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # L04000068912 1. Entity Name 04-18-2007 90036 001 ****50.00 ENVIRO GUARD, LLC Principal Place of Business Mailing Address 2721 FORSYTH ROAD 2721 FORSYTH ROAD 400 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-1649431 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent quye N MĪLS. MKE Street Address (P.O. Box Number is Not Acceptable) 2721 FORSYTH BOAD 2721 Forsyth 400 Winte R WINTER PARK FL 32792 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TIME **MGRM** TITLE ☐ Change Delete ■ Addition NAME MILLS, MICHAEL STREET ADDRESS STREET ADDRESS 2721 FORSYTH ROAD SUITE 400 CITY-ST-7IP WINTER PARK FL 32792 CITY-ST-ZIP ITTLE **MGRM** Delete Change ☐ Addition NAME MILLS, DEBORAH STREET ADDRESS STREET ADORESS 2721 FORSYTH ROAD SUITE 400 CITY-SI-7IP WINTER PARK FL 32792 CITY-S1-ZIP THE **MGRM** ☐ Deteie HITCE Change ☐ Addition NAME NGUYEN, DERICK T NAME STREET ADDRESS STREET ADDRESS 2721 FORSYTH ROAD SUITE 400 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 TIFLE Delete HHE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CIFY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HILE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Date

Daytime Phone #