

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073202

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** AERIAL REMEDIATION SERVICES LLC

**Current Principal Place of Business:**

4492 MERCANTILE AVENUE  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

4492 MERCANTILE AVENUE  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 65-1234374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOBZA, CRAIG M  
4492 MERCANTILE AVENUE  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KOBZA, CRAIG M  
Address: 1837 PLUMBAGO LANE  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KOBZA, CRAIG M  
Address: 4492 MERCANTILE AVENUE  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CRAIG M. KOBZA

MGRM

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date