

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079120

FILED
Apr 28, 2006
Secretary of State

Entity Name: SUB SURFACE RECOVERY, LLC

Current Principal Place of Business:

3900 FT. DENAUD ROAD
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 421
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 26-0099168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WALTER E JR.
3900 FT. DENAUD ROAD
LABELLE, FL 33935 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/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, WALTER E JR.
Address: P.O. BOX 421
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM (X) Delete
Name: OLIN, PHILLIP S
Address: 22300 NW 75TH AVENUE ROAD
City-St-Zip: MICANOPY, FL 32667 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WALTER E. WILLIAMS, JR.

MGRM

04/28/2006

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