

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90025 041 ****50.00

DOCUMENT # L05000020709

1. Entity Name
WHITFIELD RECYCLING, LLC



Principal Place of Business
**10282 NW SR 20
BRISTOL, FL 32321 US**

Mailing Address
**POST OFFICE BOX 909
BRISTOL, FL 32321 US**



2. Principal Place of Business
10781 NW SR 20
Suite, Apt. #, etc.

3. Mailing Address
10781 NW SR 20
Suite, Apt. #, etc.

01122006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

86-1141145

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITFIELD, RALPH B
10282 NW SR 20
BRISTOL, FL 32321**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10781 NW SR 20

City

FL

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 **RALPH B. WHITFIELD**

1-19-06

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WHITFIELD, RALPH B
10282 NW SR 20
BRISTOL, FL 32321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WHITFIELD, OLIVIA J
10282 NW SR 20
BRISTOL, FL 32321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WHITFIELD, REX B
10282 NW SR 20
BRISTOL, FL 32321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WHITFIELD, R. BRADLEY
10282 NW SR 20
BRISTOL, FL 32321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10781 NW SR 20 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10781 NW SR 20 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10781 NW SR 20 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10781 NW SR 20 ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **RALPH B. WHITFIELD**

1-19-06

850/643-2201

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

Date

Daytime Phone #