


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90202 006 \*\*\*\*50.00

<b>DOCUMENT # L05000025475</b> 1. Entity Name <b>H &amp; H DUMPSTERS LLC</b>			
Principal Place of Business <b>1050 REEF ROAD MANAGERS APARTMENT VERO BEACH, FL 32963</b>		Mailing Address <b>1050 REEF ROAD MANAGERS APARTMENT VERO BEACH, FL 32963</b>	
2. Principal Place of Business <b>204 Chello Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>204 Chello Avenue</b> Suite, Apt. #, etc.	
City & State <b>Sebastian, FL</b>		City & State <b>Sebastian, FL</b>	
Zip <b>32958-4595</b>		Zip <b>32958-4595</b>	
Country <b>Indian River</b>		Country <b>Indian River</b>	
4. FEI Number <b>20-2487351</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HARRINGTON, ROGER S SR. 2006 NEVARRA AVENUE VERO BEACH, FL 32960-4170</b>		7. Name and Address of New Registered Agent Name <b>Roger S. Harrington, Sr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>204 Chello Avenue</b> City <b>Sebastian</b> FL <b>32958-4595</b>	
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: <u><i>Roger S. Harrington</i></u> DATE: <u>3/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR HARRINGTON, ROGER S SR. 1050 REEF ROAD VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>204 Chello Avenue Sebastian, FL 32958-4595</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM HARRINGTON, CHRIS R 1156 34TH AVE. S.W. VERO BEACH, FL 32968</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM HARRINGTON, ROGER S JR. 1646 71ST COURT VERO BEACH, FL 32966</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Roger S. Harrington</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>2/8/06</u> Daytime Phone #: <u>772-321-0954</u>	