2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L05000029860

Entity Name: NATURE COAST RECYCLING COMPANY, LLC

Current Principal Place of Business:

10340 CAMP MINE RD
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

POB 10567
BROOKSVILLE, FL 34603

New Mailing Address:

FEI Number: 35-2251019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVENUE, SUITE 1000 (JGH)
ORLANDO, FL 32801 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: SARTOR, JOHN R SR
Address: 10340 CAMP MINE RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: MGRM ( ) Delete
Name: SARTOR, JOHN R JR
Address: 10340 CAMP MINE RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: MGRM ( ) Delete
Name: SARTOR, JASON M
Address: 10340 CAMP MINE RD
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES:

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

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 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: JOHN R. SARTOR SR MM 03/30/2009

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