## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

		VILLIANT	KLFOKI				~~~	m j	- ~ •	
DOCUMENT # L05000052782  1. Entity Name RESOURCE CONSERVATION HOLDINGS, LLC						04-21-2008 90319 026 ***138.75				
Principal Place of Business  1000 NW 17TH AVE.  DELRAY BEACH, FL 33445 US			Mailing Address 1000 NW 17TH AVE. DELRAY BEACH, FL 33445 US		60026201					
2. Principal P	lace of Business -	No P.O. Bax #	3. Mailing Address							
6420 Congress Ave Suite, Apt. #, etc.			6420 Congress Avenue Suite, Apt. #, etc.			13 O.L.: 01 051113 003111 03111	00  \$  00  0   0   U   1  0		0E)      E <b>3</b>	
2000			2000		04142008	Chg-LLC	CR2E08	33 (12/06)		
City & State Raton FL			T30 ca Raton FL		4. FEI Numb 25-191		-		plied For Applicable	
Zip 3.3 °	1107	ountry U.S.A	<sup>Zip</sup> 33487	Country (	<b>)</b> -	5. Certificate	e of Status Desire		5.00 Add	itional
		Address of Current	Registered Agent			7. Name and	d Address of Nev	w Registered A	gent	
				Nami	3 120		Sarre H			
							per is Not Accepta	able)		
DELRAY E	-	6420	Congre	ss fre	Swite	2000				
				City	Bock		lon	FL		33487
8. The above	named entity sub	mits this statement fo	or the purpose of changing its	registered office	or registe	red agent, or be	oth, in the State of	Florida. I am fa	amiliar with,	and accept
the obligat	tions of registere	gent.	1						_	
SIGNATURE	Signature, typed or print	ted name of regist fred agent	and title if applicable. (NOTE	GARRE Registered Agent sk	nature require	SENDER d when reinstating)		4/17/ DATE	08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Make check payable to Florida Department of State				
9.		MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIO	NS/CHANGES		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	MGRM ASCOT MININ 1000 NW 17TH DELRAY BEA	H AVE.	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss				☐ Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP	MGR STEVE SQUA 9515 SW 60TH MIAMI, FL 33	HCT.	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	35				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNGQUIST 15401 ALICO FORT MYERS		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET ADDRES CITY-ST-ZIP	SS				Change	Addition
TITLE NAME										

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:

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

GARRETT BENDER 4/14/08 561-495-7554

Date Daytime Phone #