

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109621

Entity Name: TRASH XPRESS LLC

FILED  
Apr 12, 2006  
Secretary of State

**Current Principal Place of Business:**

3440 APPLEWOOD TERR  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

3440 APPLEWOOD TERR  
PINELLAS PARK, FL 33781

**New Mailing Address:**

FEI Number: 86-1150722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WRIGHT, SHAWN J  
3440 APPLEWOOD TERR  
PINELLAS PARK, FL 33781 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: WRIGHT, SHAWN J  
Address: 3440 APPLEWOOD TERR  
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGRM ( ) Delete  
Name: CROWLEY, ANDREW J  
Address: 3440 APPLEWOOD TERR  
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGRM ( ) Delete  
Name: CROWLEY, LAURYN V  
Address: 3440 APPLEWOOD TERR  
City-St-Zip: PINELLAS PARK, FL 33781

**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 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: SHAWN J WRIGHT

CEO

04/12/2006

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