

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000116240

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** HANDEX CONSULTING AND REMEDIATION - MIDWEST, LLC

**Current Principal Place of Business:**

30941 SUNEAGLE DRIVE  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

30941 SUNEAGLE DRIVE  
MT. DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 20-3908307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERKSON, GARY M  
111 NORTH ORANGE AVENUE, SUITE 1200  
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  
**Name:** HANDEX CONSULTING & REMEDIATION, LLC  
**Address:** 30941 SUNEAGLE DRIVE  
**City-St-Zip:** MOUNT DORA, FL 32757

I hereby 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: ROBERT J MERCER

MGR

01/05/2011

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