

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008736

FILED
Aug 01, 2007
Secretary of State

Entity Name: CBM ENVIRONMENTAL SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

9471 BAY MEADOWS ROAD, SUITE 104
JACKSONVILLE, FL 32256

New Principal Place of Business:

11437 CENTRAL PARKWAY
SUITE 6
JACKSONVILLE, FL 32224

Current Mailing Address:

9471 BAY MEADOWS ROAD, SUITE 104
JACKSONVILLE, FL 32256

New Mailing Address:

11437 CENTRAL PARKWAY
SUITE 6
JACKSONVILLE, FL 32224

FEI Number: 45-0568360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TUCKER, J. KENDRICK ESQUIRE
1983 CENTRE POINTE BLVD., SUITE 200
TALLAHASSEE, FL 32308 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: MGR () Delete
Name: ANITA BATEMAN, CATHERINE
Address: 9471 BAY MEADOWS ROAD, SUITE 104
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BATEMAN, CATHERINE A MGR.
Address: 11437 CENTRAL PARKWAY, SUITE 6
City-St-Zip: JACKSONVILLE, FL 32224

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: CATHERINE ANITA BATEMAN

MGR

08/01/2007

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