


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 20, 2007 8:00 am
Secretary of State

01-22-2007 90146 024 ****50.00

DOCUMENT # L06000023632			
1. Entity Name WASTE NOT RECYCLING, LLC			
Principal Place of Business 1026 PENNSYLVANIA AVE 3 MIAMI BEACH, FL 33139 US		Mailing Address 1026 PENNSYLVANIA AVE 3 MIAMI BEACH, FL 33139 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIBBLIES, FRITZ 1026 PENNSYLVANIA AVE 3 MIAMI BEACH, FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
4. FEI Number 51-0578756 Applied For Not Applicable			
01202007 Chg-LLC CR2E083 (12/06)			
6. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIBBLIES, FRITZ 1026 PENNSYLVANIA AVE, 3 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Fritz Sibbles</i>		Date: <i>1/20/2007</i> Daytime Phone #: <i>(305) 534-4523</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

