

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90216 004 ****55.00

DOCUMENT # L06000024661

1. Entity Name
TAMPA BAY RECYCLING, LLC



Principal Place of Business
**525 22ND STREET, SOUTH
ST. PETERSBURG, FL 33712**

Mailing Address
**525 22ND STREET, SOUTH
ST. PETERSBURG, FL 33712**

2. Principal Place of Business - No P.O. Box #
SAME

3. Mailing Address
SAME



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

87-0763418

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 32301-2960**

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BENGTON, JEFF
525 22ND STREET, SOUTH
ST. PETERSBURG, FL 33712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
STITH, MARK E
1602 BELLE VIEW BLVD. #470
ALEXANDRIA, VA 22307** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BENGTON, MARK E
525 22ND STREET, SOUTH
ST. PETERSBURG, FL 33712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PHIPPS, MELBOURNE
525 22ND STREET, SOUTH
ST. PETERSBURG, FL 33712** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 of 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

MARK BENGTON

Date

Daytime Phone #

727 323 1246