

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90050 012 ****50.00

DOCUMENT # L06000029587

1. Entity Name
FMS ENVIRONMENTAL OF FLORIDA, LLC



Principal Place of Business
**130 N. EVERGREEN ROAD SUITE 202
LOUISVILLE, KY 40243**

Mailing Address
**PO BOX 436015
LOUISVILLE, KY 40253**

60005481



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

3. Mailing Address

01042007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-2100809

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

**LANDISS, KARA
C/O PRUDENTIAL RESORT REALTY
123 W. GULF BEACH DRIVE
ST. GEORGE, FL 32328**

7. Name and Address of New Registered Agent

Name

James Sutton

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

2190 Highway 85 North

City

Niceville

FL

Zip Code
32578

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

James A. Sutton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/2007

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **REDCORN, CLARENCE R**
STREET ADDRESS **130 N. EVERGREEN ROAD, SUITE 202**
CITY-ST-ZIP **LOUISVILLE, KY 40243**

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Clarence R. Redcorn

1/12/07

502-254-1163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #