

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033110

FILED
Mar 20, 2007
Secretary of State

Entity Name: REMEDIAL EQUIPMENT SERVICES, LLC

Current Principal Place of Business:

1607 U. S. HIGHWAY 90 EAST
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 157
MADISON, FL 32340 US

New Mailing Address:

P O BOX 157
MADISON, FL 32341 US

FEI Number: 20-4677837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JACOB K JR.
1607 U. S. HIGHWAY 90 EAST
MADISON, FL 32340 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: TRI-CON, INC.,
Address: 2560-2 BARRINGTON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32340 US

Title: MGR () Delete
Name: MADISON ENVIRONMENTAL SERVICES, INC.
Address: 1607 US HIGHWAY 90 EAST
City-St-Zip: MADISON, FL 32340 US

Title: MGR () Delete
Name: JAAN, INC.,
Address: 1607 US HIGHWAY 90 EAST
City-St-Zip: MADISON, FL 32340 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JACOB K. JOHNSON, JR.

RA

03/20/2007

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