

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90126 047 ***143.75

DOCUMENT # L06000039802

1. Entity Name
PARAMOUNT DEMO & WASTE SOLUTIONS, LLC



Principal Place of Business
**20301 GRANDE OAK SHOPPES BLVD.
SUITE 118, # 8
ESTERO, FL 33928**

Mailing Address
**20301 GRANDE OAK SHOPPES BLVD.
SUITE 118, # 8
ESTERO, FL 33928**

60003078



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

4750 ENTERPRISE AVENUE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 102

Suite, Apt. #, etc.

01162008 Chg-LLC CR2E083 (12/06)

City & State
NAPLES, FL

City & State

4. FEI Number
20-4707712

Applied For
Not Applicable

Zip
34104

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TIBSTRA, JEFFREY A
20301 GRANDE OAK SHOPPES BLVD.
SUITE 118, # 8
ESTERO, FL 33928**

Name

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 **JEFFREY A TIBSTRA**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

JAN 16, 2008
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **TIBSTRA, JEFFREY**
CITY-ST-ZIP **20301 GRANDE OAK SHOPPES BLVD., SUITE 118
ESTERO, FL 33928**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **TIBSTRA, STEFANIE**
CITY-ST-ZIP **20301 GRANDE OAK SHOPPES BLVD., SUITE 118
ESTERO, FL 33928**

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
NAME
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:

JEFFREY A TIBSTRA

JAN 16, 2008

(239) 410-9022

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

Date

Daytime Phone #