

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048927

FILED
Apr 30, 2008
Secretary of State

Entity Name: EARTH TECH ENVIRONMENTAL LLC.

Current Principal Place of Business:

5475 GOLDEN GATE PARKWAY
SUITE 6
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

5475 GOLDEN GATE PARKWAY
SUITE 6
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 20-4894676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, DONN J
140 CORAL VINE DR
NAPLES, FL 34110 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: MGRM () Delete
Name: BROWN, DONN J
Address: 140 CORAL VINE DR
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM () Delete
Name: ROUSSEAU, MICHELLE A
Address: 581 16TH ST NE
City-St-Zip: NAPLES, FL 34120

Title: MGRM () Delete
Name: GEHRING, CHRISTOPHER
Address: 5475 GOLDEN GATE PKWY #5
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ROUSSEAU, GERARD
Address: 581 16TH ST NE
City-St-Zip: NAPLES, FL 34120

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

I hereby certify that the information supplied with this filing does not qualify 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: DONN BROWN

MGRM

04/30/2008

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