## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 22, 2008 8:00 am DOCUMENT # L06000051612 **Secretary of State** SPHERE ENVIRONMENTAL SERVICES, LLC 01-22-2008 90120 029 \*\*\*143.75 Principal Place of Business Mailing Address 10001 NW 50TH ST 10001 NW 50TH ST STE 110 STF 110 SUNRISE, FL 33351 SUNRISE FL 33351 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4960460 Not Applicable Country Zip Country \$5.00 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Itene Schmit Schnall & Cadogan, Pl WALTER H. MESSICK, P.A. Street Address (P.O. Box Number is Not Acceptable) 1900 CORPORATE BLVD. SUITE 200 EAST BOCA RATON, FL 33431 Suite 11a0 or + Lauderdale 8. The above named entity submits this statement or 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, typed or printed name of registered agent od title if applicable. FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change ☐ Addition GEORGE, RICHARD M NAME NAME STREET ADDRESS 265 SOUTH FEDERAL HWY, # 214 leggi NW 50th St. #110 STREET ADDRESS CITY-ST-7IP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP SUMRISE, FL 33351 MGRM TITLE Delete TITLE ★ Change ☐ Addition HARRISON, STEVEN NAME NAME 10001 NW 50TA St. #110 STREET ADDRESS 265 SOUTH FEDERAL HWY, # 214 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP SUNRISE, FL 33351 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change coilibhA 🔲 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

1-10-08

954-748-3580

Daytime Phone

FILED