2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055175

Current Principal Place of Business:

City-St-Zip: JACKSONVILLE, FL 32254

WHITTAKER, DAN

1418 LANE AVE. H

BLONG, STEWART

1418 LANE AVE. H

JACKSONVILLE, FL 32254

JACKSONVILLE, FL 32254

MGRM

MGRM

Title:

Name:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: (X) Delete

(X) Delete

Entity Name: BLACK DIAMOND CONTAINER SERVICES LLC

FILED May 01, 2009 Secretary of State

New Principal Place of Business:

1418 LANE AVENUE NORTH		2844 CECIL NOBLES HWY.	
JACKSONVILLE, FL 32220		LUDOWICI, GA 31316	
Current Mailing Address:		New Mailing Address:	
1418 LANE AVENUE NORTH		2844 CECIL NOBLES HWY.	
JACKSONVILLE, FL 32220		LUDOWICI, GA 31316	
	84-1712985 FEI Number Applied For() FEI Nuce with s. 607.193(2)(b), F.S., the limited liability company did Address of Current Registered Agent:		
BLONG, CHARLES S		BLONG, CHARLES S	
1418 LANE AVENUE NORTH		6708 CRYSTAL LAKE RD.	
JACKSONVILLE, FL 32220 US		KEYSTONE HEIGHTS, FL 32656 US	
The above in the State	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATURE:			05/01/2009
	Electronic Signature of Registered Agent		Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title:	PRES () Delete	Title:	MGRM (X) Change () Addition
Name:	BLONG, CHARLES S	Name:	BLONG, CHARLES S
Address:	1418 LANE AVENUE NORTH	Address:	6708 CRYSTAL LAKE RD.
City-St-Zip:	JACKSONVILLE, FL 32220	City-St-Zip:	KEYSTONE HEIGHTS, FL 32656
Title:	VPS () Delete	Title:	MGRM (X) Change () Addition
Name:	BLONG, DENISE	Name:	BLONG, DENISE
Address:	1418 LANE AVE. H	Address:	6708 CRYSTAL LAKE RD.
City-St-Zip:	JACKSONVILLE, FL 32254	City-St-Zip:	KEYSTONE HEIGHTS, FL 32656
Title:	MGRM (X) Delete	Title:	() Change () Addition
Name:	SMITH, CLAUDE D	Name:	
Address:	1418 LANE AVE. H	Address:	
City-St-Zip:	JACKSONVILLE, FL 32254	City-St-Zip:	
Title:	MGRM (X) Delete	Title:	() Change () Addition
Name:	SMITH, GARY	Name:	
Address:	1418 LANE AVE. H	Address:	

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.

City-St-Zip:

() Change () Addition

() Change () Addition

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES S. BLONG PRES 05/01/2009