## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # L06000067726** 04-16-2007 90355 050 \*\*\*\*50.00 **ENVIRO-CELL LLC** Mailing Address Principal Place of Business **UUUUIUI**V 1327 FLAGSTONE AVENUE 1327 FLAGSTONE AVENUE CELEBRATION, FL 34747 1IS CELEBRATION, FL 34747 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEI PEYTREMANN, JOANNE Street Address (P.O. Box Number is Not Acceptable) 1327 FLAGSTONE AVENUE CELEBRATION, FL 34747 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change ■ Addition HART, MICHAEL NAME NAME STREET ADDRESS 1327 FLAGSTONE AVENUE STREET ADDRESS CELEBRATION, FL 34747 CITY-ST-ZIP CITY-ST-ZIP MGRM - > ☐ Delete Change ☐ Addition TITLE MEI PEYTREMANN, JOANNE NAME NAME 1327 FLAGSTONE AVENUE STREET ADDRESS STREET ADDRESS CELEBRATION, FL 34747 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP 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. Ey teman SIGNATURE: VICE OF PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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