


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000087282</b> 1. Entity Name SOUTHERN RECYCLING EQUIPMENT SALES, LLC	
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Principal Place of Business 531 LEXI LN LAKELAND, FL 33809	Mailing Address 531 LEXI LN LAKELAND, FL 33809
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<b>DO NOT WRITE IN THIS SPACE</b>
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01152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5408112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CUZZORT, ROBERT 531 LEXI LN LAKELAND, FL 33809
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUZZORT, ROBERT 531 LEXI LN LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUZZORT, SUSAN 531 LEXI LN LAKELAND, FL 33809
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<p>U000000789188 01/22/08-80016-013 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.			
<b>SIGNATURE:</b> <i>Susan Cuzzort</i>	Susan Cuzzort	1-15-08	863-868-5658
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>