

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90019 031 ****50.00

DOCUMENT # L06000090183

1. Entity Name
MOLTEN METAL TECHNOLOGY, LLC



Principal Place of Business
**27110 JONES LOOP ROAD, UNIT 79
PUNTA GORDA, FL 33982**

Mailing Address
**27110 JONES LOOP ROAD, UNIT 79
PUNTA GORDA, FL 33982**

2. Principal Place of Business - No P.O. Box #
16362 NOGALES CT.

3. Mailing Address
16362 NOGALES CT.

Suite, Apt. #, etc.

City & State
PUNTA GORDA FL.

City & State
PUNTA GORDA

Zip
33955

Country
CHADLORE

Zip
33955

Country
CHADLORE

6. Name and Address of Current Registered Agent

**HAVERFIELD, W. TRACY III
C/O PAVESE LAW FIRM
1833 HENDRY STREET
FT. MYERS, FL 33901**

06142007 Chg-LLC CR2E083 (12/06)

4. FEI Number
84-1718360

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AREAX, LARRY 27110 JONES LOOP ROAD, UNIT 79 PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AREAX, LARRY 16362 NOGALES CT PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: _____ **08/09/07 9415758058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #