May 16 07 11:19a Nia Netane

FILED
Jun 04, 2007 8:00 am
Secretary of State

4/3

04-30-2007 90052 009 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000093216

1. Entity Name
R&D ENVIROTECH, LLC

Principal Place of Business	Mailing Address
6753 KINGSPOINTE PARKWAY, SUITE 107 ORLANDO, FL 32819	6753 KINGSPOINTE PARKWAY, SUITE 107 ORLANDO, FL 32819
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 26 019 5327 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NETAINE, LAVINIA V
6753 KINGSPOINTE PARKWAY, SUITE 107
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name: DONNA L. DRAVES, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 120 E. CONCORD STREET
City: ORLANDO FL Zip Code: 32801

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] 5/31/07
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

TITLE	MGR	☐ Delete
NAME	NETANE, LAVINIA V	
STREET ADDRESS	6753 KINGSPOINTE PARKWAY, SUITE 107	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4.16.07 407.812.6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #