

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Mar 27, 2007 8:00 am
Secretary of State

03-14-2007 90209 011 ****50.00



1st MOORE CR2E083 (10/06)

DOCUMENT # L06000097711 1. Entity Name TIP TOP HAULING COMPANY LLC																																																																																																																																			
Principal Place of Business 4686 133RD ROAD SOUTH DELRAY BEACH FL 33445 US			Mailing Address 4686 133RD ROAD SOUTH DELRAY BEACH FL 33445 US																																																																																																																																
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State		4. FEI Number 43-2112105																																																																																																																															
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent MALKEMES, WILLIAM J 4686 133RD ROAD SOUTH DELRAY BEACH FL 33445			7. Name and Address of New Registered Agent																																																																																																																																
			Name																																																																																																																																
			Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																
			City																																																																																																																																
			State 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 re-registering) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">MGRM</td> <td style="width: 30%; padding: 5px;">☐ Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"></td> <td style="width: 30%; padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">MALKEMES, WILLIAM J</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">4686 133RD ROAD SOUTH</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td style="padding: 5px;">DELRAY BEACH FL 33445</td> <td></td> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">MGRM</td> <td style="padding: 5px;">☐ Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">GUTHRIE, ERIC</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">4686 133RD ROAD SOUTH</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td style="padding: 5px;">DELRAY BEACH FL 33445</td> <td></td> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">MGRM</td> <td style="padding: 5px;">☐ Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">STAHL, JAMES F</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">2020 SPANISH TRAIL</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td style="padding: 5px;">DELRAY BEACH FL 33483</td> <td></td> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;">☐ Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;">☐ Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	MALKEMES, WILLIAM J		NAME			STREET ADDRESS	4686 133RD ROAD SOUTH		STREET ADDRESS			CITY-STATE-ZIP	DELRAY BEACH FL 33445		CITY-STATE-ZIP			TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	GUTHRIE, ERIC		NAME			STREET ADDRESS	4686 133RD ROAD SOUTH		STREET ADDRESS			CITY-STATE-ZIP	DELRAY BEACH FL 33445		CITY-STATE-ZIP			TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	STAHL, JAMES F		NAME			STREET ADDRESS	2020 SPANISH TRAIL		STREET ADDRESS			CITY-STATE-ZIP	DELRAY BEACH FL 33483		CITY-STATE-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>William J Malkemes</i> 3-5-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																			