2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102745

Entity Name: CHEMICAL SOLUTIONS OF SOUTH FLORIDA LLC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17252 ALICO CENTER RD. 17252 ALICO CENTER RD. SUITE 1 SUITE 1

FORT MYERS, FL 33912 FORT MYERS, FL 33967

Current Mailing Address: New Mailing Address:

17252 ALICO CENTER RD.
SUITE 1
FORT MYERS, FL 33912

17252 ALICO CENTER RD.
SUITE 1
FORT MYERS, FL 33967

FEI Number: 20-8271066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BATES, ROY

17252 ALICO CENTER RD

17252 ALICO CENTER RD

17252 ÁLICO CENTER RD. 17252 ÁLICO CENTER RD. SUITE 1 SUITE 1 FORT MYERS, FL 33912 US FORT MYERS, FL 33967 US

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.

SIGNATURE: 04/30/2008

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:BATES, ROYName:BATES, ROYAddress:17252 ALICO CENTER RD. SUITE 1Address:17252 ALICO CENTER RD. SUITE 1City-St-Zip:FORT MYERS, FL 33912City-St-Zip:FORT MYERS, FL 33967

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:ZAKANY, GLENNName:ZAKANY, GLENNAddress:17252 ALICO CENTER RD. SUITE 1Address:17252 ALICO CENTER RD. SUITE 1City-St-Zip:FORT MYERS, FL 33912City-St-Zip:FORT MYERS, FL 33967

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: LUND, WILLIAM T
Address: 17252 ALICO CENTER RD. SUITE 1

Name: LUND, WILLIAM T
Address: 17252 ALICO CENTER RD. SUITE 1

17252 ALICO CENTER RD. SUITE 1

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33967

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM T LUND MGRM 04/30/2008