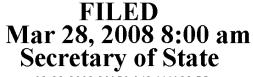
2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT



DOCUMENT # L06000120970 1. Enlity Name CHESTER'S RECYCLING, LLC					03-28-2008 90170 049 ***138.75				
Principal Place of Business 203 S. MANATEE AVE. ARCADIA, FL 34266		Mailing Address P.O. BOX 1560 ARCADIA, FL 34265				600177			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032008	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State			4. FEI Number 20-8087				plied For ot Applicable
Zip	Country	Zip	Zip Count		5. Certificate o	of Status Desired		5.00 Add	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent				
AMES, AN	DREW T OAK STREET		Street Address		P.O. Box Number	is Not Acceptable)		
	FL 34266								
				City			FL	Zip Code	9
8. The above	named entity submits this statement for	r the purpose of changing its	registere	[ed office or register	red agent, or both	, in the State of Flo		j miliar with,	and accept
the obligat	ions of registered agent.								
SIGNATORE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E Registere	d Agent signature required	when reinstating)		DATE	e aliento	15. Territ on George
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.7						check pay Departme		
9.	. MANAGING MEMBE		10.			ADDITIONS/			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, CHESTER R JR. 203 S. MANATEE AVE ARCADIA, FL 34266	☐ Delete		I			(Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, NITA A 203 S. MANATEE AVE ARCADIA, FL 34266	☐ Delete		I			I	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				-	1	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1	- 103104			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E EET ADDRESS - ST-ZIP				Change	Addition
11. I hereby of indicated line	certify that the information supplied with on this report is true and accurate and bility company or the receiver or take	that my signature shall have	the exe	mptions contained e legal effect as if n	in Chapter 119, Finade under oath; tor 609, Florida St	iorida Statutes. I fu that I am a manag	rther certify t ing member	hat the info or manage	rmation r of the

SIGNATURE: AND TYPED OR PRINTED NAME OF SERVING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #