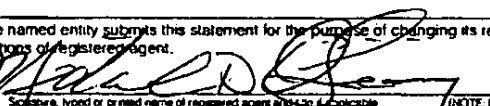
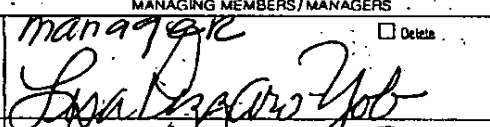
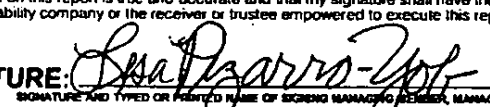


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-11-2008 90139 033 ***138.75

DOCUMENT # L07000006647					
1. Entity Name EAST TAMPA RECYCLING, LLC					
Principal Place of Business 8108 KRAUSS BLVD STE 109 TAMPA, FL 33619			Mailing Address 8108 KRAUSS BLVD STE 109 TAMPA, FL 33619		
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	4. FEI Number 208260039 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01252008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'LEARY, D MICHAEL 101 E KENNEDY BLVD STE 2700 TAMPA, FL 33602			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 			DATE 2-7-08		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managgr  8108 KRAUSS BLVD Ste 110 Tpa FL 33619		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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: 			DATE 2-8-08		