

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007170

FILED
Apr 07, 2009
Secretary of State

Entity Name: VICTORY RECYCLING, LLC

Current Principal Place of Business:

2601 SR 19
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 122
HOWEY IN THE HILLS, FL 34737

New Mailing Address:

FEI Number: 20-8305226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM N. ASMA P.A.
884 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOOTH, JOHNNY M JR
Address: P.O. BOX 122
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: MGRM () Delete
Name: BRANNON, BRIGGETT J
Address: P.O. BOX 122
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BRANNON, JEFFREY S
Address: P.O. BOX 122
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: MGRM () Change (X) Addition
Name: BRANNON, BRIGGETT J
Address: P.O. BOX 122
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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: JEFFREY S. BRANNON

MGR

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date