

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055995

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** ORGANIC WASTE RECYCLING EQUIPMENT & CONSULTING, LLC

**Current Principal Place of Business:**

3100 WHITFIELD AVE  
SUITE C  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1537  
TALLEVAST, FL 34270

**New Mailing Address:**

**FEI Number:** 26-0241286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RASHELLE R. CROFUT  
11930 RIVER ROAD  
MYAKKA CITY, FL 34251 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: MGRM ( ) Delete  
Name: CROFUT, RASHELLE R  
Address: 11930 RIVER ROAD  
City-St-Zip: MYAKKA CITY, FL 34251

Title: MGRM ( ) Delete  
Name: CROFUT, SCOTT A  
Address: 11930 RIVER ROAD  
City-St-Zip: MYAKKA CITY, FL 34251

**ADDITIONS/CHANGES:**

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

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

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: RASHELLE CROFUT

MGRM

04/27/2009

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