


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:23

DOCUMENT # L07000093607		
1. Entity Name CENTRAL FLORIDA DEBRIS, LLC		

Principal Place of Business 1117 US 27 S. SEBRING, FL 33870	Mailing Address 1117 US 27 S. SEBRING, FL 33870
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2. Principal Place of Business - No P.O. Box # 915 Mall Ring Rd	3. Mailing Address 915 Mall Ring Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sebring, FL	City & State Sebring, FL
Zip 33872	Zip 33872
Country USA	Country USA

6. Name and Address of Current Registered Agent

WALZ, DOUGLAS A 1117 US 27 S. SEBRING, FL 33870

05132008 Chg-LLC CR2E083 (12/06)

4. FEI Number 77-0707053	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALZ, DOUGLAS A 1117 US 27 S. SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALZ, KAYLENE 1117 US 27 S. SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500130100095 <input type="checkbox"/> Change <input type="checkbox"/> Addit 05/23/08--01007--002 **50.00
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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: 