

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082656

FILED
Feb 07, 2009
Secretary of State

Entity Name: MILLING CLEANUP SERVICES, LLC

Current Principal Place of Business:

201 TARPON INDUSTRIAL DRIVE, SUITE 1
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

201 TARPON INDUSTRIAL DRIVE, SUITE 1
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 26-4058370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, TERESA J
201 TARPON INDUSTRIAL DRIVE, SUITE 1
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

NICHOLS-DOTTS, TERESA J
201 TARPON INDUSTRIAL DRIVE, SUITE 1
TARPON SPRINGS, FL 34689 US

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: TERESA NICHOLS-DOTTS

02/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NICHOLS, TERESA J
Address: 3200 BLUFF DRIVE
City-St-Zip: HOLIDAY, FL 34689

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NICHOLS, TERESA J
Address: 3200 BLUFFBLVD
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM () Change (X) Addition
Name: DOTTS, GLENN
Address: 3200 BLUFF BLVD
City-St-Zip: HOLIDAY, FL 34691

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: TERESA NICHOLS- DOTTS

MGRM

02/07/2009

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