

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000075682

Entity Name: FLORIDA DEBRIS LLC

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8502 N. OLA AVENUE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

8502 N. OLA AVENUE  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 83-0505687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREY, OWEN A  
8502 N. OLA AVENUE  
TAMPA, FL 33604 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  
Name: OWEN, GREY A  
Address: 8502 N. OLA AVENUE  
City-St-Zip: TAMPA, FL 33604

Title: MGR  
Name: JOHNSON, CLAUDETTE M  
Address: 983 AUTUMN DRIVE  
City-St-Zip: ANTIOCH, IL 60002

I hereby 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: OWEN GREY

MGRM

05/01/2011

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