File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

FILED
99 APR 23 PM 5:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L99000000017

1. Name and Mailing Address of Limited Liability Company

NANTEX RECYCLING, L.L.C.
525 WOODVIEW DRIVE
LONGWOOD FL 32779

1a. Principal Place of Business Address

525 WOODVIEW DRIVE
LONGWOOD FL 32779

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified: 12/31/1998

3a. State of Formation: FL

4. FEI Number: 59-3549943 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO FL 32803

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City Zip Code
FL

400001288214--7
-05/03/99--01131--014
****188.75 ****188.75

9. Pursuant to the provisions of Sections 608.416 and 608.506, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TAYLOR, NANCY	P.O. BOX 320681	COCOA BEACH FL
MGR	TAYLOR, LEE	525 WOODVIEW DRIVE	LONGWOOD FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 4/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)