

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002595

1. Entity Name
ET ENVIRONMENTAL CORPORATION, LLC



Principal Place of Business
**3424 PEACHTREE RD., NE, SUITE 150
ATLANTA, GA 30326**

Mailing Address
**3424 PEACHTREE RD., NE, SUITE 150
ATLANTA, GA 30326**



01132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3774375

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HIGGINBOTHAM, WILLIAM E
3424 PEACHTREE RD., NE, SUITE 150
ATLANTA, GA 30326**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
EVE, GARY L
3424 PEACHTREE RD., NE, SUITE 150
ATLANTA, GA 30326**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/28/04-80053-019 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-14-04 404-253-7576