

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90084 010 ****55.00

DOCUMENT # M03000003941

1. Entity Name
US ENVIRONMENTAL PROTECTION SERVICE, LLC



NAME CHANGE

Principal Place of Business
3300 BATTLEGROUND AVE., SUITE 305
GRENSBORO, NC 27401

Mailing Address
3300 BATTLEGROUND AVE., SUITE 305
GRENSBORO, NC 27401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09142004 Chg-LLC CR2E083 (10/03)

4. FEI Number

81-0605264

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, J. KENDRICK ESQ.
C/O HUEY, GUILDAY, ET AL
1983 CENTRE POINTE BLVD., SUITE 200
TALLAHASSEE, FL 32317-2500

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

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ALLEN, JOHN
STREET ADDRESS 3300 BATTLEGROUND AVE., SUITE 305
CITY-ST-ZIP GRENSBORO, NC 27401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I 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 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:

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

JOHN ALLEN

Sep 10, 2004 (336) 707-5858

Date

Daytime Phone #