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	
I. Entity Name US ENVIRONMENTAL PROTECTION SERVICE, LLC	
	6/2

Applied For Surface of Business 3300 RATTLEGROUND AVE_SUITE 305 GRENSBORD, NC 27401 2. Principal Place of Business Suite, Apr. 4. etc. Suite, Apr			NAW.	E CHANGE		OF BETT					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State	Principal Place of Business 3300 BATTLEGROUND AVE., SUITE 305		Mailing Address 3300 BATTLEGROUND AVE., SUITE 305						im mil (1 mil 1 mi		
City & State City	2. Principal Place of Business		3. Mailing Address								
S. Name and Address of Current Registered Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.			09142004	Chg-LLC	CR2E08	33 (10/03)		
S. Name and Address of Current Registered Agent	City & State			City & State			4. FEI Numb	er -060526	. Y	_ 	
Name	Zip		Country						W 3		
Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current R	legistered Agent			7. Name and	Address of New Re	gistered A	gent	
Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable)						Name					
TALLAHASSEE, FL 32317-2500 To provide the collegations of registered agent in the purpose of changing its registered agent, or both, in the State of Fronta. I am amminimum, and accept the collegations of registered agent and title if sportable. (NOTE Registered Agent A	C/O HUEY, GUILDAY, ET AL				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named critly submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filing Foe is \$50.00 Due by September 8, 2004 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES QITY-ST-2P QREN. SIRET ADDRESS QREN. SIRET					· [
SIGNATURE Signature Signa						City			FL	Zip Code	•
Filling Foe is \$50.00 Make check payable to Florida Department of State Special Payable State S	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										
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MARK ALLEN, JOHN SINGER SOLITY ST. 27P TITLE MARK STREET ADDRESS CITY-ST- 27P TITLE MANE STREET ADDRESS CITY-ST- 27P	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
MAGE ALLEN, JOHN ALLEN, JOHN STREET ADDRESS STR				•					-	•	
MAGE ALLEN, JOHN Delete TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-S	9		MANAGING MEMBEE] RS/MANAGERS	10			ADDITIONS/	CHANGES		
NAME SIREET ADDRESS CITY-ST-ZP ADDRESS CITY-S		MGR	TO TO TO THE MEDIT			E				Change	☐ Addition
CITY-ST-ZIP GRENSBORO, NC 27401 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE					te .						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	RESS 3300 BATTLEGROUND AVE., SUITE 305		EET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZiP	GRENSB	ORO, NC 27401		CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			Delete	TITL	E				Change	☐ Addition
CITY-ST-ZIP ITILE Change Addition AMME STREET ADDRESS CITY-ST-ZIP ITILE MAME					•	ł					
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						· I					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	•-			Doloto	_	· · · · · · · · · · · · · · · · · · ·				Channe	☐ Addition
CITY-ST-ZIP	1			Li Delete						C on any	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				STR	EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			<u> </u>	CITY	'-ST-ZIP				 	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete		1				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP						- 1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		i		[] n-1						Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Creatige	☐ voorion
CITY-ST-ZIP						<u> </u>					
NAME STREET ADDRESS CITY-ST-ZIP NAME STAGET ADDRESS CITY-ST-ZIP			•		CITY	'-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITL	E				Change	Addition
CITY-ST-ZIP CITY-ST-ZIP						ſ					
						1					
		ordify that the	e information cumplied with	this filing does not qualify fo		<u> </u>	action 119 07/21	(i) Florida Statutes 1	further cert	rify that the ir	ntormation

Indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under outs; that I am a managing member or manager of the limited liability company or the receiver of trustee employed to execute this report as required by Chapter 608, Florida Statutes.