

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000002481

1. Entity Name
ENVIRONMENTAL MANAGEMENT SOLUTIONS, L.L.C.



Principal Place of Business
10654 JUSTIN DRIVE
URBANDALE, IA 50322

Mailing Address
10654 JUSTIN DRIVE
URBANDALE, IA 50322



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1514245

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, 2005**

000000218771
02/08/05-80001-004 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|------------------------------|
| TITLE | MGR |
| NAME | DIERKS, NEIL |
| STREET ADDRESS | 10660 JUSTIN DRIVE |
| CITY - ST - ZIP | URBANDALE, IA 50322 |
| TITLE | MGR |
| NAME | CASPERS, JON |
| STREET ADDRESS | 509 MAIN STREET, P.O. BOX 67 |
| CITY - ST - ZIP | SWAKEDALE, IA 50477 |
| TITLE | MGR |
| NAME | ROPER, DAVE |
| STREET ADDRESS | 3245 NO. 3600 E. |
| CITY - ST - ZIP | KIMBERLY, ID 83341 |
| TITLE | MGR |
| NAME | BULH, DON |
| STREET ADDRESS | R.R.2, BOX 108 |
| CITY - ST - ZIP | TYLER, MN 56178 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE:

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

1-12-05

Date

515-278-8002

Daytime Phone #