2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000003490

1. Entity Name

ENVIRONMENTAL MATERIALS, LLC



Principal Place of Business

6300 E. STAPLETON DRIVE S DENVER, CO 80216 Mailing Address

DO NOT WRITE IN THIS SPACE

6300 E. STAPLETON DRIVE S DENVER, CO 80216

FILED Feb 18, 2008 8:00 am Secretary of State

02-18-2008 90072 039 ***138.75

60008686



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 84-1583151 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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C T CORPORATION SYSTEM

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	1.34
TITLE	MGRM	274
NAME	SUTTER, LANSON	111
STREET ADDRESS	6300 E STAPLETON DRIVE S	
CITY-ST-ZIP	DENVER, CO 80216	
TITLE		
NAME		
STREET ADDRESS		ı
CITY-ST-ZIP		
TITLE	MGRM	
NAME	KLEIN, CAMERON	18
STREET ADDRESS	6300 E STAPLETON DRIVE S	42.5
CITY-ST-ZIP	DENVER, CO 80216	11
TITLE		٠ د ِ
NAME	•	9
STREET ADDRESS		1
CITY-ST-ZIP		
TITLE		
NAME :		
STREET ADDRESS		150 S
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TITLE		22/34
NAME	·	
STREET ADDRESS		
CITY-ST-ZIP		0.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: Sausan State - Mendan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATI

29/09

303-309-3040

Daytime Phone #