

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000004078

1. Entity Name
**ADVANTAGE ENVIRONMENTAL SOLUTIONS
MANAGEMENT L.L.C.**



Principal Place of Business
**3322 SHORECREST DR., SUITE 225
DALLAS, TX 75235**

Mailing Address
**3322 SHORECREST DR., SUITE 225
DALLAS, TX 75235**

FILED
Mar 06, 2006 08:00 AM
Secretary of State



01182008 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-05099 19

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCLAREN, SCOTT A
101 EAST KENNEDY BLVD., SUITE 3700
TAMPA, FL 33602**

**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 renewing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000457491
03/17/06-80007-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BENSON, TODD
3322 SHORECREST DR., SUITE 225
DALLAS, TX 75235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FEIGL, FREDERICK
3322 SHORECREST DR., SUITE 225
DALLAS, TX 75235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BARR, JOHN
3322 SHORECREST DR., SUITE 225
DALLAS, TX 75235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: _____

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

3-2-2006

DATE

214-654-9850

Daytime Phone #