

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000004370</b> 1. Entity Name TRI-STATE INDUSTRIAL SERVICE, LLC	
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Principal Place of Business 800 PATILLO ROAD LAGRANGE, GA 30241	Mailing Address 800 PATILLO ROAD LAGRANGE, GA 30241
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01092007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 77-0606498	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  LANDRETH, WALLACE B 110 EASTERN STREET FREEPORT, FL 32439	<b>DO NOT WRITE IN THIS SPACE</b>
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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) UATL

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000588161  
01/17/07-80061-011 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDRETH, HUGH S SR 800 PATILLO ROAD LAGRANGE, GA 30241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHES, JERRY 800 PATILLO ROAD LAGRANGE, GA 30241
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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:**  **1/12/07 706882-0023**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #