

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002244

FILED
Feb 25, 2009
Secretary of State

Entity Name: COMPACTION TECHNOLOGIES, LLC

Current Principal Place of Business:

2986 OWL HOLE GAP ROAD
RUTLEDGE, TN 37861

New Principal Place of Business:

Current Mailing Address:

2986 OWL HOLE GAP ROAD
RUTLEDGE, TN 37861

New Mailing Address:

FEI Number: 45-0594812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, BONNIE A
1650 HOLIDAY DRIVE
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, BONNIE
Address: 2986 OWL HOLE GAP ROAD
City-St-Zip: RUTLEDGE, TN 37861

Title: MGRM () Delete
Name: BROCKLEHURTS, GERALD
Address: 2986 OWL HOLE GAP ROAD
City-St-Zip: RUTLEDGE, TN 37861

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: WILLIAMS, DAKOTA
Address: 1650 HOLIDAY DR.
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BONNIE WILLIAMS

MGRM

02/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date