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	TENOTAL	LIVILLATION	PER MANAGEMENT		cretary of State	1000	

RĚ	IPPLIDATE I FOR INSTATEMENT FOR ED LIABILITY COMPANY		Secre	ctary of	ortham State PORATIONS		Ę	ILE	: n
Make	Check Payable To: FLO			31					
1. Name and Mailing Address of Limited Liability Company Auto Shred Recycling, L.L.C. 4801 Florida Avenue New Orleans, IA 70117						107			AM 9:30 DESTATE
						18. Principal Place PARILLE Address: FLORIDA 4801 Florida Avenue New Orleans, IA 70117			
ATIN									
	mailing address is incorrect in any way, fine thro al Place of Business		t Information and enter correction in Block 2a. ig Address			3. Date Organize	ed or Qualified	3 a. St	tate of Formation
Sulte, Apt	#, e1c.	Suite, Apt	nt. #, etc.			01/26/1995 LA 4. FÉI Number Applied For			
City & Sta	te	City & Sta	& State			72-128649	4		Not Applicable
Zip	Žip Country		Zip Counti			5. Date of Last Report			tificate of Status Desired
	7. Name and Address of Current	Registered	Agent		Name	3. Name and Add	ress of New Re	egistered	i Agent
One 1	enke, Roger D., Atty. Harbour Place S. Harbour Island Driv a, FL 33602		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #. etc. City Zip Code						
9. I, being	g appointed the registered agent of the ab	ove named l	imited liability o	ompany,	, am familiar with an	id accept the obliga	tions of Chapte	r 608, F.:	S.
Signature Degistered	of d Agent. Lan D.	dse ED AGENT MUST SIG	GN	·	Da	ale_Deco	mbe :	22, 1997	
1. Title	Managing Members/Managers	\$	Business Street Address				City, State & Zip Code		
MGRM	SOUTHERN RECYCLING, I	L.C.	4801 FI	801 FIORIDA AVENUE			NEW ORLEANS, IA 70117		
500.00 100.00 103.75				THE PLANT OF THE PARTY OF THE P			01/07 ****7	798 03.75	3154-2 -01099-002 5 *****703.75
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11. Lectify the 12 on the integring member/manager or the receiver or trusted empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinster. The application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by use in the distribution in the reason for dissolution has been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect.

Signature of Managing Member/Manager Date Decem Typed or printed name of signing Managing Member/Manager Edward L. Diefenthal

Date December 12, 1097/ne Phone # 504-942-0379