

2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M95000000107
AUTO SHRED RECYCLING, L.J.C., LIMITED COMPANY
ATTN: JOSEPH R. BOYD, ESQ.
4801 FLORIDA AVENUE
NEW ORLEANS LA 70117

1a. Principal Place of Business Address

ATTN: JOSEPH R. BOYD, ESQ.
4801 FLORIDA AVENUE
NEW ORLEANS LA 70117

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

01/26/1995

4. FEI Number

72-1286494

5. Date of Last Report

12/31/1997

3a. State of Formation

LA

☐ Applied For

☐ Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

SCHWENKE, ROGER D ATTY.
ONE HARBOUR PLACE
777 S. HARBOUR ISLAND DRIVE
TAMPA FL 33601

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SOUTHERN RECYCLING, L.	4801 FLORIDA AVENUE	NEW ORLEANS LA

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Joseph R. Boyd, Secretary* **Joseph R. Boyd, Secretary** **9/17/98**