

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90021 001 \*\*\*100.00

**DOCUMENT # M95000000107**

1. Entity Name

**AUTO SHRED RECYCLING, L.L.C., LIMITED COMPANY**

Principal Place of Business

**ATTN: MATTHEW A. EHRILICHER  
4801 FLORIDA AVENUE  
NEW ORLEANS LA 70117**

Mailing Address

**ATTN: MATTHEW A. EHRILICHER  
4801 FLORIDA AVENUE  
NEW ORLEANS LA 70117****- 15959**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Attn: Brandt M. Lorio**

Suite, Apt. #, etc.

3. Mailing Address

**Attn: Brandt M. Lorio**

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**72-1286494**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required****6. Name and Address of Current Registered Agent****SCHWENKE, ROGER D ATTY.  
ONE HARBOUR PLACE  
777 S. HARBOUR ISLAND DRIVE  
TAMPA FL 33601****7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****TITLE NAME STREET ADDRESS CITY-ST-ZIP**  
**MGRM SOUTHERN RECYCLING, L.L.C.**  
**4801 FLORIDA AVENUE**  
**NEW ORLEANS LA 70117**☐ Delete**TITLE NAME STREET ADDRESS CITY-ST-ZIP**☐ Delete**TITLE NAME STREET ADDRESS CITY-ST-ZIP**☐ Delete**TITLE NAME STREET ADDRESS CITY-ST-ZIP**☐ Delete**TITLE NAME STREET ADDRESS CITY-ST-ZIP**☐ Delete**TITLE NAME STREET ADDRESS CITY-ST-ZIP**☐ Delete**10. ADDITIONS/CHANGES****TITLE NAME STREET ADDRESS CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE NAME STREET ADDRESS CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE NAME STREET ADDRESS CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE NAME STREET ADDRESS CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE NAME STREET ADDRESS CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE NAME STREET ADDRESS CITY-ST-ZIP** ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**Auto Shred Recycling, L.L.C., through its member, Southern Recycling, L.L.C. (504) 942-0386****SIGNATURE: [Signature]**

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

Date

Daytime Phone #

CR2E083 (9/01)