

FILED
Feb 19, 2007 08:00 AM
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M95000000107 1. Entity Name AUTO SHRED RECYCLING, L.L.C., LIMITED COMPANY		
Principal Place of Business 109 NORTH PARK BLVD 320 COVINGTON, LA 70433		Mailing Address 1000 SOUTH MYRICK STREET PENSACOLA, FL 32505
DO NOT WRITE IN THIS SPACE		
		02132007 No Chg-LLC CR2E083 (11/05)
4. FEI Number 72-1286494		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736		DO NOT WRITE IN THIS SPACE
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 reappointing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM SOUTHERN RECYCLING, L.L.C. 4801 FLORIDA AVENUE NEW ORLEANS, LA 70117	DO NOT WRITE IN THIS SPACE U00000641611 03/01/07-80006-012 50.00
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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: <u>Marc W. Goffe</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		Date <u>2/13/07</u> Date Daytime Phone #