

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # M95000000107
 1. Entity Name
 AUTO SHRED RECYCLING, L.L.C., LIMITED COMPANY



Principal Place of Business
 109 NORTHPARK BLVD
 320
 COVINGTON, LA 70433

Mailing Address
 1000 SOUTH MYRICK STREET
 PENSACOLA, FL 32505

DO NOT WRITE IN THIS SPACE



02272008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 72-1286494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHERN RECYCLING, L.L.C. 4801 FLORIDA AVENUE NEW ORLEANS, LA 70117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000844588
 03/13/08-80005-004 138.75

DO NOT WRITE IN THIS SPACE

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 *[Signature]* Date *2-27-08* (985) 246-7930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #