

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90081 020 ****50.00

DOCUMENT # M95000000107

1. Entity Name

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



Principal Place of Business

Mailing Address

**ATTN: BRANDT M. LORING
4801 FLORIDA AVENUE
NEW ORLEANS LA 70117**

**ATTN: BRANDT M. LORING
4801 FLORIDA AVENUE
NEW ORLEANS LA 70117**

40010200

2. Principal Place of Business

Attn: Brandt M. Lorio

Suite, Apt. #, etc.

3. Mailing Address

Attn: Brandt M. Lorio

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-1286494**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SOUTHERN RECYCLING, L.L.C.**
STREET ADDRESS **4801 FLORIDA AVENUE**
CITY-ST-ZIP **NEW ORLEANS LA 70117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE:

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

Date

Daytime Phone #

Edward L. Biefenthal, C.E.O.

(504) 942-0386

CR2E083 (10/02)