


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90053 014 \*\*\*138.75

<b>DOCUMENT # M99000000635</b> 1. Entity Name <b>RESOURCE RECYCLING, L.L.C.</b>					
Principal Place of Business <b>2901 110TH AVENUE N. ST PETERSBURG, FL 33716</b>			Mailing Address <b>109 NORTH PARK BLVD., SUITE 320 ATTN: BRANDT LORIO COVINGTON, LA 70433</b>		
2. Principal Place of Business - No P.O. Box # <b>13130 56th Court</b> Suite, Apt. #, etc. <b>Suite 604</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Clearwater, FL</b>			
Zip <b>33760</b>		Country  		4. FEI Number <b>72-1287257</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>LENSMYER, WILLIAM 2901 110TH AVENUE N ST PETERSBURG, FL 33716</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SOUTHERN RECYCLING, L.L.C. 109 NORTH PARK BLVD., SUITE 320 COVINGTON, LA 70433</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Brandt Lorio</i> <b>SECRETARY</b>			Date <b>1/9/08</b> Daytime Phone # <b>(955) 246-7930</b>		