


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000003941 1. Entity Name PUBLIC WASTE SERVICES, L.L.C.	
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Principal Place of Business 520 N.W. 7TH STREET FORT LAUDERDALE, FL 33311	Mailing Address P.O. BOX 17047 PLANTATION, FL 33318
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**DO NOT WRITE IN THIS SPACE**

01072004No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-1011181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.  
 ONE BISCAYNE TOWER, SUITE 3550  
 TWO SOUTH BISCAYNE BOULEVARD  
 MIAMI, FL 33131

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASCIONE, NICHOLAS JR. 1001 SOUTH SOUTHLAKD DRIVE HOLLYWOOD, FL 33016
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U00000125221  
 04/22/04-80075-021 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE