

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001064

Entity Name: ALLIED SERVICES, LLC

FILED
Mar 08, 2004
Secretary of State

Current Principal Place of Business:

15880 NORTH GREENWAY-HAYDEN LOOP
SUITE #100
SCOTTSDALE, AZ 85260 US

New Principal Place of Business:

Current Mailing Address:

15880 NORTH GREENWAY-HAYDEN LOOP
SUITE #100
SCOTTSDALE, AZ 85260 US

New Mailing Address:

FEI Number: 86-0897719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ALLIED WASTE NORTH A, MERICA, INC.
Address: 15880 N. GREENWAY-HAYDEN LOOP
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALLIED WASTE NORTH A, MERICA, INC.
Address: 15880 N. GREENWAY-HAYDEN LOOP, # 100
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: MGRM () Change (X) Addition
Name: ALLIED GREEN POWER,, INC.
Address: 15880 N GREENWAY-HAYDEN LOOP, # 100
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: MGRM () Change (X) Addition
Name: ALLIED WASTE LANDFIL, L HOLDINGS, IN C .
Address: 15880 N GREENWAY-HAYDEN LOOP, #100
City-St-Zip: SCOTTSDALE, AZ 85260 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JO LYNN WHITE

MGRM

03/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date