

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001064

Entity Name: ALLIED SERVICES, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054 US

**New Principal Place of Business:**

**Current Mailing Address:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALLIED WASTE NORTH A, MERICA, INC.  
Address: 15880 NORTH ALLIED WAY  
City-St-Zip: SCOTTSDALE, AZ 85054 US

Title: MGRM ( ) Delete  
Name: ALLIED GREEN POWER,, INC.  
Address: 15880 NORTH ALLIED WAY  
City-St-Zip: SCOTTSDALE, AZ 85054 US

Title: MGRM (X) Delete  
Name: ALLIED WASTE LANDFIL, L HOLDINGS, IN C .  
Address: 15880 NORTH ALLIED WAY  
City-St-Zip: SCOTTSDALE, AZ 85054 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: ALLIED WASTE LANDFIL, L HOLDINGS, IN C .  
Address: 15880 NORTH ALLIED WAY  
City-St-Zip: SCOTTSDALE, AZ 85054 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CRYSTAL FICKEN

POA

04/30/2008

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