

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001064

Entity Name: ALLIED SERVICES, LLC

FILED
Apr 11, 2009
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 AMERICA, INC.
Address: 15880 NORTH ALLIED WAY
City-St-Zip: SCOTTSDALE, AZ 85054 US

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALLIED WASTE NORTH AMERICA, INC.
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054 US

Title: MGRM (X) Change () Addition
Name: ALLIED WASTE LANDFILL HOLDINGS, INC.
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054 US

Title: MGRM () Change (X) Addition
Name: ALLIED GREEN POWER, INC.
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054 US

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: JANE LOUIS

POA

04/11/2009

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