


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90108 014 \*\*\*138.75

**DOCUMENT # L04000089715**

1. Entity Name  
**EMPIRE RECYCLING AND DISPOSAL, LLC**



Principal Place of Business      Mailing Address  
**4888 W. COLONIAL DR.**      **4888 W. COLONIAL DR.**  
**ORLANDO, FL 32808**      **ORLANDO, FL 32808**

**50003263**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04012008    Chg-LLC      CR2E083 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**NOT APPLICABLE**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CONTESTABILE, ANDREW VINCENT**  
**4802 W. COLONIAL DRIVE**  
**ORLANDO, FL 32808**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CONTESTABILE, VINCENT	
STREET ADDRESS	205 BEDFORD RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BANDIERAMONTE, JASON	
STREET ADDRESS	4802 W. COLONIAL DR.	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCFADDEN, CLIFTON	
STREET ADDRESS	926 POPLAR DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VAGI, MICHAEL	
STREET ADDRESS	205 BEDFORD RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:**       **4-2-08**      **407 947 2273**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #