


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
 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: *[Signature]* 4-2-08 407 947 2273

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