

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000056951

**FILED**  
**Apr 08, 2021**  
**Secretary of State**  
**5980905927CC**

**Entity Name:** NORTH MANATEE RECYCLING AND DISPOSAL FACILITY, LLC

**Current Principal Place of Business:**

800 CAPITOL STREET  
SUITE 3000  
HOUSTON, TX 77002

**Current Mailing Address:**

800 CAPITOL STREET  
SUITE 3000  
HOUSTON, TX 77002 US

**FEI Number:** 26-0283104

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title	MGRM	Title	VP, ASST. TREASURER
Name	WASTE MGMT., INC. OF FLORIDA	Name	LOCKETT, MARK A
Address	800 CAPITOL STREET SUITE 3000	Address	800 CAPITOL STREET SUITE 3000
City-State-Zip:	HOUSTON TX 77002	City-State-Zip:	HOUSTON TX 77002
Title	PRESIDENT	Title	VP, CFO, CONTROLLER
Name	MYHAN, DAVID M	Name	NAGY, LESLIE K
Address	800 CAPITOL STREET SUITE 3000	Address	800 CAPITOL STREET SUITE 3000
City-State-Zip:	HOUSTON TX 77002	City-State-Zip:	HOUSTON TX 77002
Title	VP	Title	VP, TREASURER
Name	FARMER, DOMENICA	Name	REED, DAVID L
Address	800 CAPITOL STREET SUITE 3000	Address	800 CAPITOL STREET SUITE 3000
City-State-Zip:	HOUSTON TX 77002	City-State-Zip:	HOUSTON TX 77002
Title	VP	Title	VP, ASST. SECRETARY
Name	CARROLL, THOMAS G.	Name	LAMBROS, JAMES F.
Address	800 CAPITOL STREET SUITE 3000	Address	800 CAPITOL STREET SUITE 3000
City-State-Zip:	HOUSTON TX 77002	City-State-Zip:	HOUSTON TX 77002

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK A. LOCKETT

**VP & ASST. TREASURER**      **04/08/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP, SECRETARY  
Name TIPPY, COURTNEY A  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

Title ASST. TREASURER  
Name BENNETT, JEFF R  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

Title ASST. SECRETARY  
Name KAPLAN , RONALD M.  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

Title VP  
Name WILSON, JAMES A  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

Title ASST. SECRETARY  
Name FOSTER , JANNE C.  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

Title ASST. SECRETARY  
Name SILVA, LISA  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002