

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000056951

**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  
Name WASTE MGMT., INC. OF FLORIDA  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

Title PRESIDENT  
Name MYHAN, DAVID M  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

Title VP  
Name FARMER, DOMENICA  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

Title VP  
Name CARROLL, THOMAS G.  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

Title VP, ASST. TREASURER  
Name LOCKETT, MARK A  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

Title VP, CFO, CONTROLLER  
Name NAGY, LESLIE K  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

Title VP, TREASURER  
Name REED, DAVID L  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

Title VP, ASST. SECRETARY  
Name LAMBROS, JAMES F.  
Address 800 CAPITOL STREET  
SUITE 3000  
City-State-Zip: HOUSTON TX 77002

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*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 &amp; 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