#### 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000005

Entity Name: OLD KINGS ROAD SOLID WASTE, LLC

**Current Principal Place of Business:** 

800 CAPITOL STREET **SUITE 3000** 

HOUSTON, TX 77002

**FILED** Apr 01, 2024 **Secretary of State** 6050211222CC

## **Current Mailing Address:**

800 CAPITOL STREET **SUITE 3000** HOUSTON, TX 77002 US

FEI Number: 94-3382743 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	MEMBER
Name	OLD KINGS ROAD, LLC
Address	800 CAPITOL STREET SUITE 3000

Name MYHAN, DAVID M. Address 800 CAPITOL STREET

**SUITE 3000** 

**PRESIDENT** 

HOUSTON TX 77002 City-State-Zip: **HOUSTON TX 77002** City-State-Zip:

Title

Name

Title

Title

Name

Name

Address

BAUMAN, BRIAN J.

800 CAPITOL STREET

**SUITE 3000** 

Name Address

Title

Title

Title

SHAW, C. BRANDON

800 CAPITOL STREET

**SUITE 3000** 

HOUSTON TX 77002 City-State-Zip:

VP, ASST. SECRETARY

800 CAPITOL STREET Address

LAMBROS, JAMES F.

**SUITE 3000** 

City-State-Zip: HOUSTON TX 77002

VP, CFO, CONTROLLER

Address 800 CAPITOL STREET

**SUITE 3000** 

CARROLL, JOHN A.

City-State-Zip: HOUSTON TX 77002

HOUSTON TX 77002 City-State-Zip:

VP, ASST. TREASURER

Name Address

City-State-Zip:

LOCKETT, MARK A. 800 CAPITOL STREET

HOUSTON TX 77002

**SUITE 3000** 

Title VP, TREASURER Name NAGY, LESLIE K.

800 CAPITOL STREET Address

**SUITE 3000** 

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

04/01/2024

# Authorized Person(s) Detail Continued:

Title VP, SECRETARY Title VP

Name TIPPY, COURTNEY A. Name WILSON, JAMES A.

Address 800 CAPITOL STREET Address 800 CAPITOL STREET

SUITE 3000 SUITE 3000

City-State-Zip: HOUSTON TX 77002 City-State-Zip: HOUSTON TX 77002

Title ASST. TREASURER Title ASST. SECRETARY

Name BENNETT, JEFF R. Name DEANGELIS, CHRISTINA D.

Address 800 CAPITOL STREET Address 800 CAPITOL STREET

SUITE 3000 SUITE 3000

City-State-Zip: HOUSTON TX 77002 City-State-Zip: HOUSTON TX 77002

Title ASST. SECRETARY

SUITE 3000

Name Address SILVA, LISA

800 CAPITOL STREET

City-State-Zip: HOUSTON TX 77002