

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0100000415

Entity Name: ADVANCED DISPOSAL SERVICES JACKSONVILLE, LLC

Current Principal Place of Business:

90 FORT WADE RD
PONTE VEDRA, FL 32081

Current Mailing Address:

90 FORT WADE RD
PONTE VEDRA, FL 32081 US

FEI Number: 59-3699605

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 MANAGING MEMBER
Name ADVANCED DISPOSAL SERVICES
 SOUTH, INC.
Address 90 FORT WADE RD
City-State-Zip: PONTE VEDRA FL 32081

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: ADVANCED DISPOSAL SERVICES SOUTH, INC.

MANAGING MEMBER

04/23/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date