

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000001025

**Entity Name:** BIOSOLIDS DISTRIBUTION SERVICES LLC

**Current Principal Place of Business:**

350 SMC DRIVE  
SOMERSET, WI 54025

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC2054145773**

**Current Mailing Address:**

PO BOX 553  
SEBRING, FL 33871 US

**FEI Number: 20-2128835**

**Certificate of Status Desired: No**

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

KANN, MIKE  
9545 US HWY 27 S  
SEBRING, FL 33876 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	CONTROLLER
Name	ANDERSON, DANIEL	Name	LADIN, MICHAEL
Address	350 SMC DR	Address	350 SMC DRIVE
City-State-Zip:	SOMERSET WI 54025	City-State-Zip:	SOMERSET WI 54025

*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: MICHAEL LADIN**

**CONTROLLER**

**03/02/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date