

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000001025

**Entity Name:** BIOSOLIDS DISTRIBUTION SERVICES LLC**Current Principal Place of Business:**4050 DUNDEE ROAD  
WINTER HAVEN, FL 33884**Current Mailing Address:**4050 DUNDEE ROAD  
WINTER HAVEN, FL 33884 US**FEI Number:** 20-2128835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, THOMAS  
12290 TREELINE AVE  
FORT MYERS, FL 33913 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:** THOMAS ANDERSON

03/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | CEO                   |
| Name            | ANDERSON, DANIEL      |
| Address         | 4050 DUNDEE ROAD      |
| City-State-Zip: | WINTER HAVEN FL 33884 |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | HATTEN, GREG          |
| Address         | 4050 DUNDEE ROAD      |
| City-State-Zip: | WINTER HAVEN FL 33884 |

|                 |                       |
|-----------------|-----------------------|
| Title           | PRESIDENT             |
| Name            | ANDERSON, THOMAS      |
| Address         | 4050 DUNDEE ROAD      |
| City-State-Zip: | WINTER HAVEN FL 33884 |

|                 |                       |
|-----------------|-----------------------|
| Title           | CFO                   |
| Name            | CHRISTIANO, DONNA     |
| Address         | 4050 DUNDEE ROAD      |
| City-State-Zip: | WINTER HAVEN FL 33884 |

*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:** DONNA CHRISTIANO

CFO

03/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date