


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2008 8:00 am
Secretary of State

04-22-2008 90096 034 ***138.75

30008926

DOCUMENT # L00000006204					
1. Entity Name VISTA LANDFILL, LLC					
Principal Place of Business 1001 FANNIN, SUITE 4000 HOUSTON, TX 77002			Mailing Address 1001 FANNIN, SUITE 4000 HOUSTON, TX 77002		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3652174				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREVATHAN, JAMES E JR		NAME		
STREET ADDRESS	1001 FANNIN SUITE 4000		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCONNELL, DAVID		NAME	Waste Management, Inc. of Florida	
STREET ADDRESS	1001 FANNIN SUITE 4000		STREET ADDRESS	1001 Fannin, Suite 4000	
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP	Houston, TX 77002	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTHERTON, GARY L		NAME		
STREET ADDRESS	1001 FANNIN SUITE 4000		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, THOMAS G		NAME		
STREET ADDRESS	1001 FANNIN SUITE 4000		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, DAVID R		NAME		
STREET ADDRESS	1001 FANNIN SUITE 4000		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEES, CHARLES III		NAME		
STREET ADDRESS	1001 FANNIN SUITE 4000		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77002		CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE: <u>Don P. Carpenter</u>			4/16/08 713-512-6200		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		