

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000010716

1. Entity Name  
ARENA LANDFILL & SAND, L.L.C.



Principal Place of Business

5105 ARENA ROAD  
CRESTVIEW, FL 32536

Mailing Address

P.O. BOX 398  
CRESTVIEW, FL 32536-0398

**DO NOT WRITE IN THIS SPACE**



01252005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
52-2274682

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LINGENFELTER, STACY N  
2606 PINTO LANE  
CRESTVIEW, FL 32536

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LINGENFELTER, SHERON Y
STREET ADDRESS	748 ST. JOHN COVE
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	MGRM
NAME	LINGENFELTER, CHARLES H JR.
STREET ADDRESS	748 ST. JOHN COVE
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

04/26/05-80033-025 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

850-  
4-18-05 482-5858