

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

DOCUMENT # L01000022802

1. Entity Name

SOLID WASTE SOLUTIONS, LLC

04-01-2002 90726 033 ****50.00

00054568

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15012 ROUNDUP DR.

Suite, Apt. #, etc.

3. Mailing Address

15012 ROUNDUP DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

01-0636582

Applied For

Not Applicable

Zip

33624

Country

US

Zip

33624

Country

U.S.

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

JULIAN SABINA

Street Address (P.O. Box Number is Not Acceptable)

15012 ROUNDUP DR.

City

TAMPA

FL

Zip Code

33624

**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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGIRM

JULIAN SABINA

15012 ROUNDUP DR.

TAMPA, FL 33624

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGIRM

STEPHEN GERHART

14720 OAK VINE DR

LUTZ FL 33559

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**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)(f), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)