2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3.

FILED
Apr 24, 2006 8:00 am
Secretary of State
03-28-2006 90084 001 ***100.00

30005697

1st MOORE CR2E083 (10/05)

DOCUMENT # L02000017885

1. Entity Name
LAWSON SANITATION, LLC

Principal Place of Business	Mailing Address
2466 ALI BABA AVENUE OPA LOCKA FL 33054	943 VAN BUREN STREET HOLLYWOOD FL 33019

2. Principal Place of Business	3. Mailing Address
9120 NW 96th St	9120 NW 96th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Medley FL	City & State: Medley FL
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. FEI Number 74-3052878 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAWSON, JOHN E SR 943 VAN BUREN STREET HOLLYWOOD FL 33019	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 X John Lawson 3-20-06
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWSON, SR., JOHN E 943 VAN BUREN ST HOLLYWOOD FL 33019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Member~~ MGRM John E. Lawson, Jr 19308 NW 14 ST. Pembroke Pines FL 33029 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X John Lawson 3/20/06 305-888-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #