

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 31, 2007 08:00 A
Secretary of State

DOCUMENT #L02000028493

1. Entity Name

TROPICAL WASTE SERVICE LLC



Principal Place of Business

1691 NW 23 ST
MIAMI, FL 33142

Mailing Address

1691 NW 23 ST
MIAMI, FL 33142



08222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4523610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESTEIRO, RIGOBERTO
1419 SW 103 AVE.
MIAMI, FL 33174-2774

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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 September 14, 2007**

U00000773145
08/31/07-80002-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	PS
NAME	LESTEIRO, RIGOBERTO JR
STREET ADDRESS	1419 SW 103 AVE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: _____

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

8/22/07

Date

(305) 631-0346

Daytime Phone #