


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State
LOPEZ & PARTNERS, LLC
Accountants/Business Consultants

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
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 36-4523610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LESTEIRO, RIGOBERTO 1419 SW 103 AVE. MIAMI, FL 33174-2774

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 _____ (NOTE: Registered Agent signature required when renating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS LESTEIRO, RIGOBERTO JR 1419 SW 103 AVE MIAMI, FL 33174
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0000003-4136
02/20/08-80069-002 138.75

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

1/21/08 (SOS) 970-1748

Date Daytime Phone #