

L03 0000 49363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L03-49363  
AR

William N. Asma, P.A.  
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August 8, 2006

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

**RE: Coddling C & D Landfill LLC  
L03000049363**

Dear Sir/Madam:

Please change the addresses of the above entity as follows:

Principal Address: 880 North Bay Road  
Mount Dora, Florida 32757

Mailing Address: P.O. Box 2872  
Windermere, Florida 34786

Thank you for your attention concerning this matter.

Sincerely,



Sharon D. Morgan for  
William N. Asma, Esquire

:sdm  
enclosure

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Codding C & D Landfill LLC

2. The mailing address of the limited liability company is: \_\_\_\_\_

P.O. Box 2872 Windermere, FL 34786

12/03/2003

L03000049363

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DONALD L. CODDING  
Name

3300 SR 46  
Address

MOUNT DORA, FLORIDA 32757  
City, State and Zip

6. The name and address of the new registered agent and/or office:

WILLIAM N. ASMA  
Name

884 SOUTH DILLARD STREET  
Florida street address (P.O. Box **NOT** acceptable)

WINTER GARDEN FL 34787  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

LINWOOD BRANNON

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**

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