

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015420

1. Entity Name
LAURA STREET TRANSFER STATION, LLC



Principal Place of Business
1732 MARGARET ST
JACKSONVILLE, FL 32204

Mailing Address
% GATEWAY SHOPPING CENTER
5258-12 NORWOOD AVE
JACKSONVILLE, FL 32208

FILED
May 03, 2007 08:00 AM
Secretary of State



04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0904602

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURLEY, CHARLES R JR
1301 RIVERPLACE BOULEVARD, STE 1500
JACKSONVILLE, FL 32207

**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 _____

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JONES, CARLTON
STREET ADDRESS	1732 MARGARET STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	MGR
NAME	RIMMER, MARK
STREET ADDRESS	2008 RIVERSIDE AVENUE, STE. 200
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000759929
05/24/07-80062-013 50.00

**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

Date

Daytime Phone #

4/25/07 904)764-7745