

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019844

FILED
Feb 22, 2006
Secretary of State

Entity Name: OMNI WASTE OF CHARLOTTE, LLC

Current Principal Place of Business:

660 BEACHLAND BOULEVARD STE. 301
VERO BEACH, FL 32963 US

New Principal Place of Business:

660 BEACHLAND BOULEVARD
SUITE 301
VERO BEACH, FL 32963 US

Current Mailing Address:

660 BEACHLAND BOULEVARD STE. 301
VERO BEACH, FL 32963 US

New Mailing Address:

660 BEACHLAND BOULEVARD
SUITE 301
VERO BEACH, FL 32963 US

FEI Number: 20-0774284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, RONALD L
660 BEACHLAND BOULEVARD STE. 301
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

EDWARDS, RONALD L
660 BEACHLAND BOULEVARD
SUITE 301
VERO BEACH, FL 32963 US

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.

SIGNATURE:

02/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RABON, RICHARD JR
Address: 3164 LAKE BREEZE CIRCLE
City-St-Zip: ST. CLOUD, FL 34771 US

Title: MGR () Delete
Name: SALOPEK, TIMOTHY J
Address: 3164 LAKE BREEZE CIRCLE
City-St-Zip: ST. CLOUD, FL 34771 US

Title: MGR () Delete
Name: EDWARD, RONALD L
Address: 660 BEACHLAND BOULEVARD STE. 301
City-St-Zip: VERO BEACH, FL 32963 US

Title: MGR (X) Delete
Name: EVANS, JAMES E III
Address: 660 BEACHLAND BOULEVARD STE. 301
City-St-Zip: VERO BEACH, FL 32963 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SALOPEK, TIMOTHY J
Address: 1801 SHREVE STREET
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGR (X) Change () Addition
Name: EDWARDS, RONALD L
Address: 660 BEACHLAND BLVD., SUITE 301
City-St-Zip: VERO BEACH, FL 32963 US

Title: MGR (X) Change () Addition
Name: EVANS, JAMES E III
Address: 660 BEACHLAND BOULEVARD, SUITE 301
City-St-Zip: VERO BEACH, FL 32963 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD L. EDWARDS

MGR

02/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date