2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# L04000047532

Entity Name: ALL STAR RECYCLING, LLC

Current Principal Place of Business:

4537 45TH ST.
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

790 HILLBRATH DR
LANTANA, FL 33462 US

New Mailing Address:

FEI Number: 55-0874877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUSMANO, CHARLES
790 HILLBRATH DR.
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GUSMANO, CHARLES
Address: 790 HILLBRATH DR.
City-St-Zip: LANTANA, FL 33462 US

Title: MGRM (X) Delete
Name: LOMANGINO, ANTHONY
Address: 790 HILLBRATH DRIVE
City-St-Zip: LANTANA, FL 33462 US

Title: MGRM (X) Delete
Name: LOMANGINO, CHARLES
Address: 790 HILLBRATH DR
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SOUTHERN WASTE SYSTEMS HOLDINGS LP
Address: 790 HILLBRATH DR.
City-St-Zip: LANTANA, FL 33462 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES GUSMANO MGRM 01/30/2009

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