


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90079 035 ****50.00

DOCUMENT # L04000083724	
1. Entity Name AMERICAN DUMPSTER, L.L.C.	

Principal Place of Business 9100 PIPER ROAD PUNTA GORDA, FL 33982 US	Mailing Address P.O. BOX 510206 PUNTA GORDA, FL 33951-0206 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 84-1662665	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TREWORGY, RICK
5445 WILLIAMSBURG DRIVE
PUNTA GORDA, FL 33982**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 *James D. Slack* **1/23/07**
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME SLACK, JAMES D	
STREET ADDRESS 8393 NW 110TH STREET	
CITY-ST-ZIP REDDICK, FL 32686	

TITLE MGRM	<input type="checkbox"/> Delete
NAME SLACK, JEFFREY D	
STREET ADDRESS 7325 SATSUMA DR	
CITY-ST-ZIP PUNTA GORDA, FL 33955	

TITLE MGRM	<input type="checkbox"/> Delete
NAME TREWORGY, RICK	
STREET ADDRESS 5445 WILLIAMSBURG DRIVE	
CITY-ST-ZIP PUNTA GORDA, FL 33982	

TITLE MGRM	<input type="checkbox"/> Delete
NAME LAISHLEY, BRUCE	
STREET ADDRESS 627 BRINDISI CT	
CITY-ST-ZIP PUNTA GORDA, FL 33950	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 9050 BURNT STORE ROAD	
CITY-ST-ZIP PUNTA GORDA, FL 33950	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *James D. Slack* **1/23/07** **(941) 575-9715**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #