

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90094 005 \*\*\*\*50.00

**DOCUMENT # L05000058193**

1. Entity Name  
**Z'S DISPOSAL, LLC**



Principal Place of Business  
7173 S.W. CO. RD 769  
ARCADIA, FL 34269

Mailing Address  
7173 S.W. CO. RD 769  
ARCADIA, FL 34269

**20049653**



2. Principal Place of Business

3. Mailing Address

**23334 Lehigh Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

**Port Charlotte FL**

4. FEI Number

**20-3491169**

Applied For

Not Applicable

Zip

Country

Zip

**33954**

Country

**Charlotte**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RAYMOND J  
7173 S.W. CO. RD-769  
ARCADIA, FL 34269

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

**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

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 September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SMITH, RAYMOND J  
6350 RIVERSIDE DRIVE  
PUNTA GORDA, FL 33982 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Smith, Raymond J.  
137 SE Graham St  
Port Charlotte FL 33952 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ZYLSTRA, STEVE  
23334 LEHIGH AVENUE  
PORT CHARLOTTE, FL 33952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:** Steve A. Zylstra 7/13/06 941 380 9308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #