

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000084353

1. Entity Name
TRI-COUNTY WASTE & RECYCLING OF COLUMBIA
COUNTY, LLC



Principal Place of Business
2992 NE WASHINGTON STREET
LAKE CITY, FL 32055

Mailing Address
2992 NE WASHINGTON STREET
LAKE CITY, FL 32055

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3473984	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

POPE, BILLY W
2992 NE WASHINGTON STREET
LAKE CITY, FL 32055

**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 reissuing)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000954136
07/10/08-80012-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	POPE, BILLY W
STREET ADDRESS	22454 COUNTY ROAD 137
CITY-ST-ZIP	LAKE CITY, FL 32024

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

7-8-08

Date

867-1821

Daytime Phone #