

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)

4. FEI Number 20-3473984	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

**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.

U00000954136
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	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Billy Pope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

L306
7-8-08 **867-1821**
Date Daytime Phone #