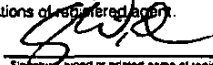
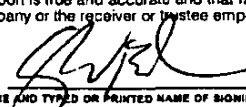


FILED
May 17, 2007 8:00 am
Secretary of State

04-27-2007 90022 028 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000035029					
1. Entity Name AT YOUR DISPOSAL SERVICES, LLC					
Principal Place of Business 3734 SPRING PARK ROAD JACKSONVILLE, FL 32207			Mailing Address 3734 SPRING PARK ROAD JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-05796666	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRITT, ARNOLD D JR. 707 PENINSULAR PLACE JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name CHRIS WIEDENHOEF CHRISTOPHER J. Street Address (P.O. Box Number is Not Acceptable) 3734 SPRING PARK RD. City JACKSONVILLE FL Zip 32207		
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  CHRISTOPHER J. WIEDENHOEF DATE 4/2/07 (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIEDENHOEF, CHRISTOPHER J 3734 SPRING PARK ROAD JACKSONVILLE, FL 32207	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS 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:  CHRISTOPHER J. WIEDENHOEF DATE 4/2/07 904-854-4604 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					