

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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



01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0579666	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WIEDENHOELT, CHRISTOPHER J
3734 SPRING PARK RD
JACKSONVILLE, FL 32207**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WIEDENHOELT, CHRISTOPHER J
STREET ADDRESS	3734 SPRING PARK ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	
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05/23/08-80098-012 138.75

**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

Date

Daytime Phone #

4-23-08