

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000064478

**FILED**  
**Sep 29, 2009**  
**Secretary of State**

**Entity Name:** WASTELOGIX LLC

**Current Principal Place of Business:**

4024 DR. LOVE ROAD  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

4024 DR. LOVE ROAD  
ORLANDO, FL 32810 US

**New Mailing Address:**

**FEI Number:** 26-0396655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WASTELOGIX TRUST  
4024 DR. LOVE ROAD  
ORLANDO, FL 32810 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MMBR ( ) Delete  
Name: WASTELOGIX TRUST  
Address: 4024 DR. LOVE ROAD  
City-St-Zip: ORLANDO, FL 32810 US

**ADDITIONS/CHANGES:**

Title: MMBR (X) Change ( ) Addition  
Name: SIEGEL, CARY J  
Address: 4024 DR. LOVE ROAD  
City-St-Zip: ORLANDO, FL 32810 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** CARY SIEGEL

MMBR

09/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date