

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120944

FILED
Apr 29, 2008
Secretary of State

Entity Name: WASTE MANAGEMENT HOLDINGS LLC

Current Principal Place of Business:

2275 S. FEDERAL HIGHWAY
350
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

2275 S. FEDERAL HIGHWAY
350
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LITTLE, SHARON
2275 S. FEDERAL HIGHWAY
350
DELRAY BEACH, FL 33483 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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CALLE, TEODORE
Address: AV 12 DE OCT Y LINCOLN 1492, QUINTO
City-St-Zip: ECUADOR, SOUTH AMERICA, SA 00000

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: SCRAMOWICZ, STEVE
Address: 755 BOCCE COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: FRAVEL, BRYANT D
Address: 755 BOCCE COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON LITTLE

RA

04/29/2008

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