

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014288

Entity Name: WASTE WATCHERS LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

980 CHESAPEAKE TRAIL  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

980 CHESAPEAKE TRAIL  
CANTONMENT, FL 32533

**New Mailing Address:**

FEI Number: 26-1943236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINS INCORPORATE  
1203 GOVERNORS SQUARE BLVD, SUITE 101  
TALLAHASSEE, FL 323012960 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: MGRM ( ) Delete  
Name: KING, DON  
Address: 980 CHESAPEAKE TRAIL  
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM ( ) Delete  
Name: ROMANO, VIC  
Address: 28 SEVEN OAKS CIRCLES  
City-St-Zip: HOLMDEL, NJ 07733

Title: MGRM (X) Delete  
Name: IMPERIAL, VINCENT  
Address: 3571 SWAN LANE  
City-St-Zip: PENSACOLA, FL 32504

**ADDITIONS/CHANGES:**

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

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

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: DON KING

MGRM

04/29/2009

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