

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048578

Entity Name: A TAMPA BAY TRASH LLC

FILED
Sep 06, 2009
Secretary of State

Current Principal Place of Business:

10226 OSLIN ST
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

PO BOX 260155
TAMPA, FL 33685

New Mailing Address:

10226 OSLIN ST
TAMPA, FL 33615

FEI Number: 61-1564485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEITH, ORAINE J
10226 OSLIN ST
TAMPA, FL 33615 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: HUNTER, SHERROD
Address: 7309 BRIDGEVIEW CIR. #307
City-St-Zip: TAMPA, FL 33634

Title: MGRM () Delete
Name: LEITH, ORAINE J
Address: 10226 OSLIN ST
City-St-Zip: TAMPA, FL 33615

Title: MGRM () Delete
Name: TOMLIN, FRED JR.
Address: 5205 MANGO FRUIT STREET
City-St-Zip: SEFFNER, FL 33584

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: ORAINE LEITH

PART

09/06/2009

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