2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State
02-24-2004 90098 046 ****50.00

DOCUMENT # L99000004470

1. Entity Name
SOUTHERN WASTE SYSTEMS, LLC

Principal Place of Business	Mailing Address
790 HILLBRATH DRIVE LANTANA, FL 33462	790 HILLBRATH DRIVE LANTANA, FL 33462

01142004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0936043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUSMANO, CHARLES 790 HILBRATH DRIVE LANTANA, FL 33462	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GUSMANO, CHARLES 790 HILLBRATH DRIVE LANTANA, FL 33455	☐ Delete	MGRM GUSMANO, CHARLES 790 Hillbrath Drive LANTANA, FL 33462	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LOMANGINO, ROBERT 206 ANHINGA LANE JUPITER, FL 33458	☐ Delete	MGRM LOMANGINO, ROBERT 206 ANHINGA LANE JUPITER, FL 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FARACHE, AHRON 16294 VIA VENETIA WAY DELRAY BEACH, FL 33484	☒ Delete	MEMBER Farache, Ahron 16294 Via Venetia Way Delray Beach FL 33484	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LOMANGINO, ANTHONY 520 S. BEACH ROAD HOBE SOUND, FL 33455	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2/12/04 561-582-6688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #