

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006745

FILED
Aug 31, 2005
Secretary of State

Entity Name: WASTE AWAY SYSTEMS, LLC

Current Principal Place of Business:

16181 FLIGHT PATH DR
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

16181 FLIGHT PATH DR
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 59-3602664 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:

Name and Address of New Registered Agent:

FAGAN, DAVID W
16181 FLIGHT PATH DR
BROOKSVILLE, FL 34604 US

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: MGR () Delete
Name: FAGAN, DAVID W
Address: 16181 FLIGHT PATH DR
City-St-Zip: BROOKSVILLE, FL 34604

Title: MGR () Delete
Name: REA, DONALD
Address: 625 LIBERTY AVE., SUITE 3100
City-St-Zip: PITTSBURGH, PA 15222

Title: MGR () Delete
Name: KENDALL, JEFFREY
Address: 625 LIBERTY AVE., SUITE 3100
City-St-Zip: PITTSBURGH, PA 15222

Title: MGR () Delete
Name: RUSSELL, ANDREW
Address: 625 LIBERTY AVE., SUITE 3100
City-St-Zip: PITTSBURGH, PA 15222

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID W. FAGAN

MGR

08/31/2005

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