

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90025 030 \*\*\*\*50.00

DOCUMENT # M00000001398

1. Entity Name

OMNI WASTE LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
100 CHURCH STREET

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
KISSIMMEE, FL

City & State

4. FEI Number

311614969

Applied For

Not Applicable

Zip  
34741

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**7. Name and Address of Current Registered Agent**

Name  
F & L CORP

Street Address (P.O. Box Number is Not Acceptable)

200 LAURA STREET

City  
JACKSONVILLE

FL

Zip Code  
32202

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM TDCOM, LLC 2 RIVERPLACE, STE 200 DAYTON, OH 45405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MOOREHEAD, DONALD 15301 SPECTRUM DRIVE, STE 390 ADDISON, TX 75001	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SALOPEK, TIMOTHY 1580 ANORAIDA AVE KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-9-02 407 957-7284

CR2E083B (12/01)