2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0000002396

1. Entity Name

PACKERS SANITATION SERVICES INC. LTD LIMITED LIABILITY COMPANY



FILED
Jan 31, 2008 08:00 AN
Secretary of State

Principal Place of Business

8679 FREEWAY DRIVE MACEDONIA, OH 44056

Mailing Address

8679 FREEWAY DRIVE MACEDONIA, OH 44056



01092008 No Chg-LLC

CR2E083 (12/07)

. FEI Number 34-1864733	Applied For
	Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

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WESTON, FL 33331			IN THIS SPACE		
	named entity submits this statement for the purpose of chanions of registered agent.	nging its registere	d office or registered agent, or both.	in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, lyped or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE	
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75			U00000806248 02/06/08-80033-025 138.75	
9.	MANAGING MEMBERS/MANAGERS		·	- 11 <u>- 1</u> - 1	
TITLE	MGR ZELMAN, DANIEL N				
NAME STREET ADDRESS	8679 FREEWAY DRIVE				
CITY-ST-ZIP	MACEDONIA, OH 44056				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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CITY-ST-ZIP			DO I	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE	
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CITY-ST-ZIP					
TITLE					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS CITY-ST-ZIP

1-8-08

330-467-1300