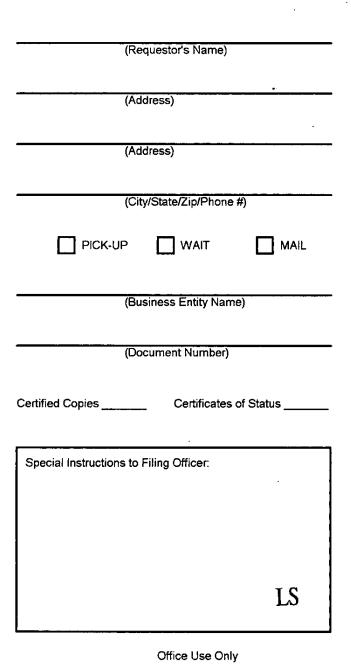
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SECRETARY OF STATE

ON HIN ON PM 1:

COVER LETTER

	tration Section of Corp					
SUBJECT: _	Waste Industries of Mississippi, LLC					
oobosen _	j.	(Name of Fo	reign Limited Lia	ability Co	mpany)	
Dear Sir or Ma	adam [,]				<u>:</u>	
		and fee(s) are submitte	ad for filing			
			-		*	
		ndence concerning this	s matter to the fol	llowing:		
Lori J. North Ca		State Bar Cert	tified Para	legal	,	
		(Name of Person)	·		•	
Wyrick 1	Robbins	Yates & Ponton	n LLP			
		(Firm/Company) *	14 MARIE 14 14 15 16 16 17 MARIE 17 18 18 18 18 18 18 18 18 18 18 18 18 18			
4101 Lal	ke Boon	e Trail, Suite	300			
 		(Address)		 ,	•	
Raleigh	, North	Carolina 2760	07-7506			
		(City/State and Zip Cod	de)		1	
For further inf	ormation c	oncerning this matter,	please call:			
Lori J.	Fryar		at (19	781-4000	
	(Name o	of Person)	(Area	Code & D	aytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a	check for	the following amount	:			
\$25 Filing Fee \$25 Certificate of Status \$25 Certified Copy						

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Waste Industries of Mississippi, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited lialility company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
`3301 Benson Drive, Suite 601
(Mailing address)
Raleigh, North Carolina 27609
(City/State/Zip)
f
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
athat busin
(Signature of member or authorized representative of a member)
D. Stephen Grissom, CFO of the Manager
(Typed or printed name of signee)
ų.

Filing Fee: \$25.00

SECRETARY OF STATE