

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000415

FILED
Feb 09, 2006
Secretary of State

Entity Name: ADVANCED DISPOSAL SERVICES JACKSONVILLE, LLC

Current Principal Place of Business:

9995 GATE PARKWAY N., STE. 200
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9995 GATE PARKWAY N., STE. 200
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3699605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WODRICH, MICHAEL A
1301 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: APPLEBY, CHARLES C
Address: 9995 GATE PARKWAY N., STE. 200
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR () Delete
Name: CRAWFORD, ROBERT L
Address: 9995 GATE PARKWAY N., STE. 200
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: PST (X) Change () Addition
Name: APPLEBY, CHARLES C
Address: 9995 GATE PARKWAY N., STE. 200
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP (X) Change () Addition
Name: CRAWFORD, ROBERT L
Address: 9995 GATE PARKWAY N., STE. 200
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARLES C. APPLEBY

PST

02/09/2006

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