

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90099 034 \*\*\*\*50.00

**DOCUMENT # M01000001162**

1. Entity Name

OMNI WASTE OF ST. CLOUD LLC



Principal Place of Business

2701 PEG HORN WAY  
SAINT CLOUD FL 34769

Mailing Address

PO BOX 421613  
KISSIMMEE FL 34742

2. Principal Place of Business

3. Mailing Address

2701 Peghorn Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
St. Cloud FL

Zip

34769

Country

Country



MOORE

CR2E083 (11/03)

4. FEI Number

59-3717990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILES, STEPHEN R JR  
100 CHURCH STREET  
KISSIMMEE FL 34741

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR  
NAME SALOPEK, TIMOTHY J  
STREET ADDRESS P.O. BOX 421613  
CITY-ST-ZIP KISSIMMEE FL 34742-1613

TITLE MGR  
NAME Salopek, Timothy  
STREET ADDRESS 2701 Peghorn Way  
CITY-ST-ZIP St. Cloud FL 34769

TITLE  
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STREET ADDRESS  
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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 #

2-13-04 321-624-9114