

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002328

FILED
Feb 22, 2007
Secretary of State

Entity Name: ADVANCED DISPOSAL SERVICES NORTH FLORIDA, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3759736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WODRICH, MICHAEL A
1301 RIVERPLACE BOULEVARD, SUITE 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: PST () Delete
Name: APPLEBY, CHARLES C
Address: 9995 GATE PARKWAY, N., SUITE 200
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: COO () Change (X) Addition
Name: HALL, WALTER
Address: 9995 GATE PARKWAY, N., SUITE 200
City-St-Zip: JACKSONVILLE, FL 32246

Title: CFO () Change (X) Addition
Name: CARN, STEVE
Address: 9995 GATE PARKWAY, N., SUITE 200
City-St-Zip: JACKSONVILLE, FL 32246

Title: CAO () Change (X) Addition
Name: DEL CORSO, STEVEN I
Address: 9995 GATE PARKWAY, N., SUITE 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: STEVEN DEL CORSO

CAO

02/22/2007

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