2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# M01000002328

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:

7915 BAYMEADOWS WAY
SUITE 300
JACKSONVILLE, FL 32256

Current Mailing Address:

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

New Mailing Address:

7915 BAYMEADOWS WAY
SUITE 300
JACKSONVILLE, FL 32256

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

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

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

Title: CAO ( ) Delete
Name: DEL CORSO, STEVEN I
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:

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: APPLEBY, CHARLES C
Address: 7915 BAYMEADOWS WAY, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32256

Title: COO (X) Change ( ) Addition
Name: HALL, WALTER H JR
Address: 7915 BAYMEADOWS WAY, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32256

Title: CFO (X) Change ( ) Addition
Name: CARN, STEVE R
Address: 7915 BAYMEADOWS WAY, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32256

Title: CAO (X) Change ( ) Addition
Name: DEL CORSO, STEVEN I
Address: 7915 BAYMEADOWS WAY, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32256

Title: CMO ( ) Change (X) Addition
Name: O'BRIEN, MARY M
Address: 7915 BAYMEADOWS WAY, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Change (X) Addition
Name: MILLS, CHRISTIAN B
Address: 7915 BAYMEADOWS WAY, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTIAN B. MILLS VP 02/29/2008

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