

DOCUMENT # M01G00002472
Name
OAKLEAF, WASTE MANAGEMENT, LLC

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90115 002 ****50.00

Principal Place of Business
19 THOMAS STREET
HARTFORD CT 06108

Mailing Address
19 THOMAS STREET
EAST HARTFORD CT 06108

Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country Zip Country

4. FEI Number 06-1429625

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 obligations of registered agent.

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

OK to Reg 20 7/18/02
7/18/02

MANAGING MEMBERS/MANAGERS

MGRM
OAKLEAF PRINCIPALS, LLC
19 THOMAS STREET
EAST HARTFORD CT 06108 ☐ Delete

MGRM
ENCOMPASS MANAGEMENT COMPANY
3 GREENWAY PLAZA, SUITE 2000
HOUSTON TX 77046 ☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

I 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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/18/02