

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000812

FILED  
Feb 22, 2007  
Secretary of State

Entity Name: ADVANCED DISPOSAL SERVICES CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

9995 GATE PARKWAY NORTH  
SUITE 200  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

9995 GATE PARKWAY NORTH  
SUITE 200  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 02-0595431      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 NORTH #200  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete  
Name: HALL, WALTER H JR  
Address: 9995 GATE PARKWAY NORTH #200  
City-St-Zip: JACKSONVILLE, FL 32246 US

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 NORTH #200  
City-St-Zip: JACKSONVILLE, FL 32246

Title: COO (X) Change ( ) Addition  
Name: HALL, WALTER H JR  
Address: 9995 GATE PARKWAY NORTH #200  
City-St-Zip: JACKSONVILLE, FL 32246 US

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

Title: CAO ( ) Change (X) Addition  
Name: DEL CORSO, STEVEN I  
Address: 9995 GATE PARKWAY NORTH #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