

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90115 009 \*\*\*\*55.00

DOCUMENT # M02000000920

1. Entity Name  
OMNI WASTE OF OSCEOLA COUNTY LLC



Principal Place of Business  
1501 OMNI WAY  
ST. CLOUD, FL 34773

Mailing Address  
1501 OMNI WAY  
ST. CLOUD, FL 34773

2. Principal Place of Business

3. Mailing Address  
1122 International Blvd.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 601

07122004 Chg-LLC CR2E083 (10/03)

City & State

City & State  
Burlington, Ontario

4. FEI Number  
31-1740193

Applied For  
Not Applicable

Zip

Country

Zip

L7L 6Z8

Country

Canada

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

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

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

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME TDCOM LLC  
STREET ADDRESS 2 RIVERPLACE, SUITE 400  
CITY-ST-ZIP DAYTON, OH 45404

TITLE S- ☐ Change ☒ Addition  
NAME Cairns, Ivan R.  
STREET ADDRESS 1122 International Blvd., Suite 601  
CITY-ST-ZIP Burlington, Ontario L7L 6Z8

TITLE MGR ☒ Delete  
NAME MOOREHEAD, DONALD F  
STREET ADDRESS 15301 SPECTRUM DRIVE, SUITE 390  
CITY-ST-ZIP ADDISON, TX 75001

TITLE T ☐ Change ☒ Addition  
NAME Rubin, Ronald L.  
STREET ADDRESS 1122 International Blvd., Suite 601  
CITY-ST-ZIP Burlington, Ontario L7L 6Z8

TITLE MGR ☐ Delete  
NAME SALOPEK, TIMOTHY J  
STREET ADDRESS P.O. BOX 421613-  
CITY-ST-ZIP KISSIMMEE, FL 347521613

TITLE P ☒ Change ☐ Addition  
NAME Salopek, Timothy J.  
STREET ADDRESS 1122 International Blvd., Suite 601  
CITY-ST-ZIP Burlington, Ontario L7L 6Z8

TITLE MGR ☒ Delete  
NAME HMB LLC  
STREET ADDRESS 100 CHURCH ST  
CITY-ST-ZIP KISSIMMEE, FL 32751

TITLE AS ☐ Change ☒ Addition  
NAME Goebel, Brian A.  
STREET ADDRESS 1122 International Blvd., Suite 601  
CITY-ST-ZIP Burlington, Ontario L7L 6Z8

TITLE MGR ☒ Delete  
NAME CKK HOLDING, LLC  
STREET ADDRESS 703 HENNIS RD.  
CITY-ST-ZIP WINTER GARDEN, FL 33787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Ivan R. Cairns, Secretary

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

07/13/04

Date

905-319-6048

Daytime Phone #