2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000003332

REPUBLIC SERVICES OF SOUTH CAROLINA, LLC



Principal Place of Business

Mailing Address

110 S.E. 6TH ST., 28TH FLOOR FORT LAUDERDALE, FL 33301

110 S.E. 6TH ST., 28TH FLOOR FORT LAUDERDALE, FL 33301

FILED Jan 24, 2005 08:00 AM Secretary of State



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1023675

Applied For Not Applicable

5. Certificate of Status Desired

115/05

954-769-2400

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

SIGNATURE:

SIGNATURE AND

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		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of chartions of registered agent.	t. Iging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.		
0,0,0,0,0,1	Signature, typed or printed name of registered agent and fills if applicable	(NOTE. Registered Agent signature required when reinstating) DATE
	iling Fee is \$50.00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR HUDSON, HARRIS W 110 S.E. 6TH ST., 28TH FLOOR FORT LAUDERDALE, FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		#1999999999999999999999999999999999999
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby of indicated limited lia	certify that the information supplied with this filling does not que on this report is trile and let where and that my signature shibility company or the reading profrustee empowered to execution	ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am a managing member or manager of the ute this report as required by Chapter 608, Florida Statutes.

Harris W. Hudson

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE