

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-20-2006 90032 010 ****50.00

DOCUMENT # M05000001603	
1. Entity Name WEST DIG DISPOSAL L.L.C.	

Principal Place of Business 5345 CHERUB MILTON, FL 32583	Mailing Address 5345 CHERUB 700 N MAIN ST MILTON, FL 32583
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30007469



03082006 No Chg-LLC CR2E083 (11/05)

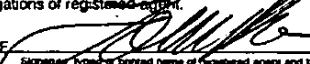
DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1673571	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
WATER, RYAN 5345 CHERUB MILTON, FL 32583	LOREN BERENS 3916 47TH ST HAMILTON, MI 49419 3002 AVALON BLVD MILTON, FL 32583

**DO NOT WRITE
IN THIS SPACE**

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.

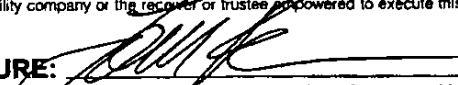
SIGNATURE 	LOREN J BERENS PRESIDENT	3-30-06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATER, RYAN 5345 CHERUB MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERENS, LOREN 3916 47TH STREET HAMILTON, MI 49419
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	LOREN J BERENS PRESIDENT	3-30-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #