2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000003434

LIBERTY WASTE, LLC

FILED Mar 01, 2007 08:00 A **Secretary of State**

Principal Place of Business

1122 INTERNATIONAL BLVD.

SUITE 601

BURLINGTON, ON L7L 6-Z8 CA

Mailing Address

1122 INTERNATIONAL BLVD. SUITE 601

BURLINGTON, ON L7L 6-Z8 CA



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2627533

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

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8.	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.	

Filing Fee is \$50.00

(NOTE: Registered Agent signature required when reinstating)

Due by May 1, 2007 MANIACINIC MEMBERS (MANIACERS

Signature, typed or printed name of registered agent and little if applicable.

U00000652588 03/12/07-80024-012 50.00

ð.	WANAGING MEMBERS/WANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WASTE SERVICES OF FLORIDA, INC. 5002 T-REX AVENUE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
IFFLE NAME STREET AODRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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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:

IVAN R. CAIRNS - VP & Secretary

905-319-1237

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