2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001862

Entity Name: ADVANCED DISPOSAL SERVICES GULF COAST, LLC

FILED Feb 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
9995 GATE PARKWAY NORTH, STE 200 JACKSONVILLE, FL 32246				7915 BAYMEADOWS WAY SUITE 300 JACKSONVILLE, FL 32256			
Current Mailing Address:				New Mailing Address:			
9995 GATE PARKWAY NORTH, STE 200 JACKSONVILLE, FL 32246				7915 BAYMEADOWS WAY, SUITE 300 JACKSONVILLE, FL 32256			
FEI Number:	20-8582818	FEI Number Applied For()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desire	d()
Name and	Address of C	urrent Registered Agent:		Name and	Address of Ne	ew Registered Agent:	
1301 RIVEI JACKSON			urpose o	f changing i	ts registered off	fice or registered agent,	or both,
SIGNATUR							
Electronic Signature of Registered Agent				Date			
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	ADVANCED DIS	Delete SPOSAL SE, RVICES, INC. RKWAY NORTH, STE 200 E, FL 32246		Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	APPLEBY, CHAR	OWS WAY, SUITE 300	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	HALL, WALTER I	OWS WAY, SUITE 300	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	DELCORSO, STI	OWS WAY, SUITE 300	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MILLS, CHRISTIA	OWS WAY, SUITE 300	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	CFO () CARN, STEVEN 7915 BAYMEADO JACKSONVILLE,	OWS WAY	

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTIAN B. MILLS VP 02/29/2008