

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000001631

**Entity Name:** COASTAL WASTE & RECYCLING OF SW FLORIDA, LLC

**Current Principal Place of Business:**

2481 NW 2ND AVENUE  
SUITE 200  
BOCA RATON , FL 33431

**Current Mailing Address:**

2481 NW 2ND AVENUE  
SUITE 200  
BOCA RATON , FL 33431 US

**FEI Number:** 65-1073042

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PANTANO, BRENDON J  
2481 NW 2ND AVENUE  
201  
BOCA RATON, FL 33431 US

*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.*

**SIGNATURE:** BRENDON J PANTANO

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            PANTANO, BRENDON J  
Address        2481 NW 2ND AVENUE  
                  201  
City-State-Zip: BOCA RATON FL 33431  
  
Title            MEMBER  
Name            COASTAL WASTE & RECYCLING  
                  HOLDCO, LLC  
Address        2481 NW 2ND AVENUE  
                  SUITE 200  
City-State-Zip: BOCA RATON FL 33431

Title            VICE PRESIDENT  
Name            BEAUDOIN, KRISTI  
Address        2481 NW 2ND AVENUE  
                  201  
City-State-Zip: BOCA RATON FL 33431  
  
Title            SECRETARY  
Name            COWAN , MATTHEW  
Address        2481 NW 2ND AVENUE  
                  SUITE 200  
City-State-Zip: BOCA RATON FL 33431

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MATTHEW COWAN

**SECRETARY**

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date