

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048248

**Entity Name:** EWS CENTRAL FLORIDA HAULING, LLC

**Current Principal Place of Business:**

C/O GAINESVILLE HAULING  
5002 SW 41ST BLVD  
GAINESVILLE, FL 32608

**Current Mailing Address:**

C/O GAINESVILLE HAULING  
5002 SW 41ST BLVD  
GAINESVILLE, FL 32608

**FEI Number:** 26-2929338

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ROY, MICHAEL A  
Address 5002 SW 41ST BLVD.  
City-State-Zip: GAINESVILLE FL 32608

Title MGRM  
Name SCARANO, JOSEPH J.  
Address 5002 SW 41ST BLVD.  
City-State-Zip: GAINESVILLE FL 32608

Title MGRM  
Name WCA WASTE SYSTEMS, INC.  
Address 1330 POST OAK BLVD.  
30TH FLOOR  
City-State-Zip: HOUSTON TX 77056

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL A. ROY

MGR.

03/26/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date