

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000054005

**FILED**  
**Nov 06, 2014**  
**Secretary of State**  
**CC0204845519**

**Entity Name:** WES ENVIRONMENTAL, LLC

**Current Principal Place of Business:**

1461 ALCAZAR WAY SOUTH  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

PO BOX 70057  
ALBANY, GA 31721 US

**FEI Number:** 45-5100235

**Certificate of Status Desired:** No

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

ELLION, DAVID M  
1461 ALCAZAR WAY SOUTH  
ST. PETERSBURG, FL 33705 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 ELLION, DAVID M  
Address 1461 ALCAZAR WAY SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title VPO  
Name VARGO, JOHN S. P.G.  
Address 2226 BEAVER CREEK DR.  
City-State-Zip: HAVANA FL 32333

Title VP OF ENGINEERING  
Name MCMAHAN, BILL C. JR.  
Address 13437 STANTON DR.  
City-State-Zip: JACKSONVILLE FL 32225

Title MGRM  
Name ELLION, HEIDI  
Address 1038 SPRING HILL DRIVE  
City-State-Zip: ALBANY GA 31721

Title CFO  
Name MCWHORTER, JENNIFER J  
Address 238 KINCHAFOONEE CREEK RD.  
City-State-Zip: LEESBURG GA 31763

*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:** DAVID ELLION

**MGRM**

**11/06/2014**

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

\_\_\_\_\_  
Date