

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000166959

**Entity Name:** PRO DISPOSAL, LLC

**Current Principal Place of Business:**

8090 SUPPLY DRIVE  
SUITE 100  
FORT MYERS, FL 33912

**Current Mailing Address:**

8090 SUPPLY DRIVE  
SUITE 100  
FORT MYERS, FL 33912 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WEST COAST FLORIDA ENTERPRISES INC  
8090 SUPPLY DRIVE  
SUITE 100  
FORT MYERS, FL 33912 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:** MITCHELL B NICHOLAS

02/12/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WEST COAST FLORIDA  
ENTERPRISES, INC.  
Address 8090 SUPPLY DRIVE  
City-State-Zip: FORT MYERS FL 33912

*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:** STACY NICHOLAS

MGRM

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date