

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000165666

Entity Name: AFFINITY WASTE SOLUTIONS, LLC**Current Principal Place of Business:**840 BARR ST.
OVIEDO, FL 32765**Current Mailing Address:**1105 W. AIRPORT BLVD
SANFORD, FL 32773 US**FEI Number:** 47-2191419**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FROST, GARY E
840 BARR ST.
OVIEDO, FL 32765 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:** GARY E. FROST

07/15/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO, AUTHORIZED SIGNATORY
Name FROST, JUSTIN WESLEY
Address 840 BARR ST.
City-State-Zip: OVIEDO FL 32765

Title CHAIRMAN, EXECUTIVE VP,
AUTHORIZED SIGNATORY
Name WESTER, FOREST
Address 550 S DIXIE HIGHWAY #300
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VP, AUTHORIZED
SIGNATORY
Name BATES, MATTHEW
Address 550 S DIXIE HIGHWAY #300
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VP, GENERAL COUNSEL,
SECRETARY, AUTHORIZED
SIGNATORY
Name GERSHMAN, DAVID
Address 550 S DIXIE HIGHWAY #300
City-State-Zip: CORAL GABLES FL 33146

Title ASST. SECRETARY
Name CALDERON, MICHELSA
Address 550 S DIXIE HIGHWAY #300
City-State-Zip: CORAL GABLES FL 33146

Title SOLE MEMBER, MANAGER
Name AFFINITY ACQUISITION
CORPORATION
Address 550 S DIXIE HWY #300
City-State-Zip: CORAL GABLES FL 33146

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: MICHELSA CALDERON

ASST SECRETARY

07/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date