

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0200000812

**Entity Name:** ADVANCED DISPOSAL SERVICES CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

90 FORT WADE RD  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

90 FORT WADE RD  
PONTE VEDRA, FL 32081 US

**FEI Number: 02-0595431**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGING MEMBER  
Name            ADVANCED DISPOSAL SERVICES  
                  SOUTH, INC.  
Address         90 FORT WADE RD  
City-State-Zip:  PONTE VEDRA FL 32081

*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: ADVANCED DISPOSAL SERVICES SOUTH, INC.** \_\_\_\_\_

**MANAGING MEMBER**

**04/10/2014**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date