

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000002294

**Entity Name:** REWORLD REC, LLC**Current Principal Place of Business:**CORPORATE HEADQUARTERS  
445 SOUTH STREET  
MORRISTOWN, NJ 07960**Current Mailing Address:**CORPORATE HEADQUARTERS  
445 SOUTH STREET  
MORRISTOWN, NJ 07960 US**FEI Number:** 27-1516109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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	VICE PRESIDENT AND TREASURER
Name	REILLY, JAMES
Address	CORPORATE HEADQUARTERS 445 SOUTH STREET
City-State-Zip:	MORRISTOWN NJ 07960

Title	EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL & SECRETARY
Name	KENYON, THOMAS L.
Address	CORPORATE HEADQUARTERS 445 SOUTH STREET
City-State-Zip:	MORRISTOWN NJ 07960

Title	MEMBER
Name	REWORLD WASTE, LLC
Address	CORPORATE HEADQUARTERS 445 SOUTH STREET
City-State-Zip:	MORRISTOWN NJ 07960

Title	SENIOR VICE PRESIDENT, CFO
Name	FERRETTI, BRENDAN
Address	CORPORATE HEADQUARTERS 445 SOUTH STREET
City-State-Zip:	MORRISTOWN NJ 07960

Title	SENIOR VICE PRESIDENT, CHIEF ACCOUNTING OFFICER
Name	SCHANTZ II, JOSEPH J.
Address	CORPORATE HEADQUARTERS 445 SOUTH STREET
City-State-Zip:	MORRISTOWN NJ 07960

*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:** JOSEPH J SCHANTZ IISENIOR VICE  
PRESIDENT, CHIEF  
ACCOUNTING OFFICER

03/07/2025

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

