



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
FLORIDA ROLL OFF SERVICES, LLC

Filing Information

Document Number L24000356010
FEI/EIN Number 99-4504890
Date Filed 08/16/2024
State FL
Status ACTIVE

Principal Address

2144 STATE ROAD 60W.
LAKE WALES, FL 33859

Mailing Address

2144 STATE ROAD 60W.
LAKE WALES, FL 33859

Registered Agent Name & Address

HARDEE, JACKSON
2144 STATE ROAD 60W.
LAKE WALES, FL 33859

Authorized Person(s) Detail

Name & Address

Title MGR

HARDEE, JACKSON
2144 STATE ROAD 60W.
LAKE WALES, FL 33859

Annual Reports

Report Year	Filed Date
2025	03/21/2025

Document Images

[03/21/2025 -- ANNUAL REPORT](#) [View image in PDF format](#)

[08/16/2024 -- Florida Limited Liability](#) [View image in PDF format](#)

Florida

DRIVER LICENSE



H230-331-14-000-0 CLASS E

1 HARDEE
2 JACKSON CONNOR
3 6220 PINE LN
LAKELAND, FL 33813

3 DOB 03/07/1997 15 SEX M
4b EXP 03/07/2028 18 HGT 5'-09"
12 REST NONE 0a END NONE

SAFE DRIVER
4a EXP 01/21/2020
5DD X652400201928

REPLACED 08/20/2024

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

DONOR



Connor Hardee

Florida Roll Off Services, LLC
2144 State Road 60 West
Lake Wales, FL 33859
Phone: 863.676.7600
Flrolloff.com



August 28, 2025

RE: Commercial Collection Service Franchise Application

The following information is regarding the requirements for the above state application:

1. Florida Roll Off Services LLC, formally known as Florida Roll Off Solutions LLC and B & S Land Development LLC, has been in business for 11+ years consecutively, in the solid waste collection business. Section 4-1 C. (2) (b)
2. Florida Roll Off Solutions LLC, principals, partners or officers have NOT been involved in any litigation, criminal proceedings or agency enforcement cases. 4-1 C. (2) (c)
3. Florida Roll Off Solutions LLC acknowledges and consents Polk County to inspect the company vehicles and containers at any time necessary. 4-1 C. (2)(f)
4. Florida Roll Off Solutions LLC provides all waste collection services on an "as needed" basis for both commercial and individual requests. 4-1 C. (2)(e)

Please do not hesitate to contact me directly with any questions or concerns regarding the information I have provided.

Regards:

A handwritten signature in blue ink that reads 'Pamela D. Mosser'.

Pamela D Mosser
Office Administrator
Florida Roll Off Services, LLC
863.676.7600
pam@flrolloff.com

Florida Roll Off Services, LLC
2144 State Road 60 West
Lake Wales, FL 33859
Phone: 863.676.7600
Flrolloff.com



August 28, 2025

RE: Florida Roll Off Services LLC
Commercial Franchise Application
Legal Proceedings Certification

To Whom It May Concern:

As of the date of this correspondence stated above, Florida Roll Off Services LLC as well as its Managing Member / Owner, Jackson Hardee, has never and is currently not involved in any type of litigation, criminal proceedings, judgements, and or liens, including the internal Revenue Service and all state and or federal government litigation, or civil suits.

I, Jackson Hardee, MGR/MBR Owner of Florida Roll Off Services, LLC, do attest to the above statements to be true and correct to the best of my knowledge.

A handwritten signature in blue ink, appearing to read 'Jackson Hardee', written over a horizontal line.

Jackson Hardee

State of Florida County of Polk

The forgoing instrument was acknowledged before me on the 28th day of August 2025, by Jackson Hardee, who is personally known to me.

A handwritten signature in blue ink, appearing to read 'Elvia S. Martinez', written over a horizontal line.

Notary Public

Notary Stamp:



ELVIA SANTIBANEZ MARTINEZ
Notary Public
State of Florida
Comm# HH314683
Expires 9/21/2026



FLORROL-01

ALDERMANT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/28/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Office of America 1855 West State Road 434 Longwood, FL 32750	CONTACT Tammy Alderman NAME:	
	PHONE (A/C, No, Ext): (407) 998-5511	FAX (A/C, No):
INSURED Florida Roll Off Services, LLC 2144 State Road 60W Lake Wales, FL 33859	E-MAIL ADDRESS: Tammy.Alderman@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Nautilus Insurance Company	NAIC # 17370
	INSURER B: Trisura Specialty Insurance Company	16188
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTORS POLLUTIO			ECP204465210	9/11/2024	10/4/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 CONTRACTORS POL \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MIWBUR21C027234	10/4/2024	10/4/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			FFX204465310	9/11/2024	10/4/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Polk County Solid Waste Division
10 Environmental Loop S.
Winter Haven, FL 33880

POLK COUNTY LOCAL BUSINESS TAX RECEIPT**ACCOUNT NO. 260057****CLASS: A****EXPIRES:****09/30/2026**

OWNER NAME	LOCATION
JACKSON CONNER HARDEE	2144 STATE ROAD 60 W LAKE WALES

BUSINESS NAME AND MAILING ADDRESS

FLORIDA ROLL OFF SERVICES, LLC
JACKSON CONNOR HARDEE
2144 STATE ROAD 60 W
LAKE WALES, FL 33859

CODE**230000****ACTIVITY TYPE****LTD NON-LICENSED CONSTRUCTION ONLY****OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR**

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY
DISPLAYED AT THE BUSINESS LOCATION

**PAID - 3486920 08/25/2025 OPY****OLP 31.50****FLORIDA ROLL OFF SERVICES, LLC**



Policy Number: 0196-61733

Date Entered: 09/12/2025

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
8/28/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WorkComp Partners 310 E Main Street Bartow, FL 33830	CONTACT NAME:	
	PHONE (A/C No. Ex): (813) 747-7490	FAX (A/C No.): () -
	E-MAIL ADDRESS: janet@workcomppartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Florida Roll Off Services, LLC 2144 State Road 60 W Lake Wales, FL 33859	INSURER A: Bridgefield Casualty Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (M/M/DD/YYYY)	POLICY EXP (M/M/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	0196-61733	9/12/2025	9/12/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Polk County Solid Waste Division 10 Environmental Loop S Winter Haven, FL 33880	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Maria L. Wetherington <i>Maria L. Wetherington</i>

© 1988-2015 ACORD CORPORATION. All rights reserved.

POLK COUNTY WASTE & RECYCLING NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST FRANCHISEE <u>Florida Roll Off Services, LLC</u> FOR YEAR <u>2025-2026</u>	<u>OFFICE USE ONLY</u>
	DATE RECEIVED _____
	DATE TO AUDITING _____
	ACCEPTED _____

[illegible]

CONTAINER IDENTIFICATION NUMBER	
------------------------------------	--

DAYS/WK

001-015

001-271

001-094

POLK COUNTY WASTE & RECYCLING NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST					OFFICE USE ONLY	
FRANCHISEE <u>Florida Roll Off Services, LLC</u>					DATE RECEIVED _____	
FOR YEAR <u>2025-2026</u>					DATE TO AUDITING _____	
					ACCEPTED _____	
VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER
Chevrolet (007)	C6CO42	2006	Roll off	20 CU YD	25,999	1GBJ6C1316F408708
Ford (012)	F750	2018	Roll off	20 CU YD	25,999	1FDNF7DCXJDF04885
Mack (011)	GU713	2017	Roll off	30 CU YD	62,000	1M2AX07CXHM061419
Mack (016)	MACK MD6	2024	Roll off	20 CU YD	25,995	1M2MDBAAORS011747
Ford (015)	F750	2007	Roll off	20 CU YD	15,220	3FRPW75A17V509946
Freightliner (001)	M2106	2025	Roll off	20 CU YD	26,000	3ALACWFC4SDVP9038
Freightliner (002)	M2107	2025	Roll off	20 CU YD	26,000	3ALACWFC6SDVP9039
Freightliner (003)	114SD	2025	Roll off	30 CU YD	66,000	3ALHG3DV4SDVS0089

AFFIDAVIT SUPPORTING RENEWAL OF NONEXCLUSIVE FRANCHISE TO COLLECT,
REMOVE, AND TRANSPORT COMMERCIAL SOLID WASTE
WITHIN POLK COUNTY

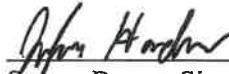
STATE OF FLORIDA
COUNTY OF Florida

Before me, the undersigned notary public authorized to administer oaths, personally appeared Jackson Hardee who, first being duly sworn, on oath deposes and states, as follows:

- 1) He is Managing member of Florida Roll Off Services LLC, a Florida "S" corporation.
- 2) He has personal knowledge of the facts stated in this Affidavit and that all such facts are true and correct.
- 3) There are no unsatisfied judgments entered against Florida Roll Off Services LLC.
- 4) There are no liens of record filed by the Internal Revenue Service against Florida Roll Off Services LLC.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Florida Roll Off Services LLC.
- 6) Jackson Hardee acknowledges and consents that the County shall have the right to inspect Florida Roll Off Services LLC vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Florida Roll Off Services LLC has complied with all of the requirements stated in the Polk County Ordinance 13-069 and with all other applicable laws, and if awarded a renewal term Florida Roll Off Services LLC will continue to comply with the same.

Further the affiant sayeth not.

Dated the 21st day of August, 2025



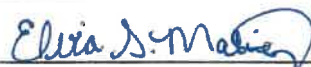
Sworn Person Signature
Jackson Hardee / MGR MBR - Owner

Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 21st day of August, 2025, by Jackson Hardee, who is either ☒ personally known to me; or ☐ has produced _____ as identification.



ELVIA SANTIBANEZ MARTINEZ
Notary Public
State of Florida
Comm# HH314683
Expires 9/21/2026



Notary Public Signature
Elvia S Martinez

Printed Name of Notary Public
HH314683 9/21/2026

Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

INDEMNITY

WHEREAS, THE UNDERSIGNED Jackson Hardee
(the "Undersigned"), is the Owner / MGR MBR of Florida Roll Off Services LLC
(the "Undersigned _____"), a "S" Corporation _____,

WHEREAS, the Florida Roll Off Services LLC, is herewith submitting an application to Polk County, a political subdivision of the State of Florida, (the "County") for the grant, renewal, or modification of a non-exclusive commercial franchise (a "Commercial Franchise") to collect, remove and transport commercial solid waste within the geographic areas of Polk County; and

WHEREAS, the Commercial Franchise application process is described in Polk County Ordinance 13-069 (the "Ordinance") and requires, among other matters, that an applicant indemnify the County from and against any loss which may result from the applicant, its employees, subcontractors, and agents, failure to perform in accordance with the terms of the awarded Commercial Franchise and the terms of the Ordinance; and

WHEREAS, the Undersigned is duly authorized to execute this instrument by and on behalf of the Florida Roll Off Services LLC

NOW, THEREFORE, in consideration of the benefits accruing to the Florida Roll Off Services LLC and for other good and valuable consideration, the Undersigned, by and on behalf of the Florida Roll Off Services LLC does hereby forever release, indemnify, keep, save, and hold harmless the County, its commissioners, officers, officials, and employees, from and against any and all damages, losses, penalties, liabilities, costs and expenses of any kind or nature whatsoever that is proximately caused by, incident to, resulting from, arising out of, or occurring in connection with, directly or indirectly, Florida Roll Off Services LLC, its employees, subcontractors, or agents, failure to perform in compliance with the terms of the Commercial Franchise or failure to perform in compliance with the terms of the Ordinance.

IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the Florida Roll Off Services LLC this 21st day of August, 2025.

ATTEST:

_____ a _____

By: *Jackson Hardee*

By: _____

Jackson Hardee / MGR MBR - Owner

[Printed Name, Title]

[Printed Name, Title]

SEAL



ELVIA SANTIBANEZ MARTINEZ
Notary Public
State of Florida
Comm# HH314683
Expires 9/21/2026

Elvia S. Martinez

Thank you for your payment!

This service has been provided by [Polk County BoCC - Solid Waste, FL](#) and [Point & Pay](#). We value your business. Please keep this receipt for future reference.

You have made a payment to [Polk County BoCC - Solid Waste, FL](#). The Polk County BoCC - Solid Waste department Thanks You For Your Payment. Credit Card Services provided by Polk County BoCC - Solid Waste department are in connection with POINT & PAY.

Name: Florida Roll Off Services LLC
Address: 2144 State Road 60 West, LAKE WALES FL, US, 33859
Contact: 8636767600
Comments:

Payment ID: 181974772
Date: 09/03/25 03:04 PM
Subtotal: \$500.00
Fee: \$2.95
Total: \$502.95
Method: Electronic Check(*****6080)

Item Purchased	Transaction Description	Account	Amount
License Renewal	CTYPolkWsteGOV	2025-2026 Commercial Collection Service Franchise Application	\$500.00

Signature: _____ **Date:** ____/____/____

By signing this receipt you agree to the terms and conditions of this service.

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as *CTYPolkWsteGOV*. If you have any questions about the charges please call 1-888-891-6064.

[Print Receipt](#) [Close Window](#)