

**DRAFT**

**COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST**

Applicant: Kings Trucking LLC Date: 01.05.26

Status	Brief Description of Application Requirements
<input checked="" type="checkbox"/> Met; 1. <input type="checkbox"/> Not	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
<input checked="" type="checkbox"/> Met; 2. <input type="checkbox"/> Not Met	Evidence the entity is authorized to do business with the State of Florida and in good standing with the Department of State. Section 4-1 C. (2)(a)
<input checked="" type="checkbox"/> Met; 3. <input type="checkbox"/> Not Met	Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)
<input checked="" type="checkbox"/> Met; 4. <input type="checkbox"/> Not Met	Information about the applicant's (including its principals, partners, and officers) involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases. Section 4-1 C. (2)(c) <b>MUST BE NOTARIZED</b>
<input checked="" type="checkbox"/> Met; 5. <input type="checkbox"/> Not Met	List of all vehicles, equipment and other physical assets [by make, model, capacity, size, type and VIN] the applicant will use to collect and transport Solid Waste when providing Commercial Collection service within Polk County. Section 4-1 C. (2)(d)
<input type="checkbox"/> Met; 6. <input type="checkbox"/> Not Met	List identifying the frequency of Commercial Collection Service applicant provides to its customers with the identification number, size, capacity, and type of each dumpster, roll cart, roll-off Container and compactor that the applicant will use to collect Commercial Solid Waste within the County. Section 4-1 C. (2)(e)
<input checked="" type="checkbox"/> Met; 7. <input type="checkbox"/> Not Met	Applicant's acknowledgment and consent the County has the right to inspect the applicant's vehicles, Containers, compactors and other equipment at any time. Section 4-1 C. (2)(f)
<input type="checkbox"/> Met; 8. <input type="checkbox"/> Not Met	Original Certificates of Insurance evidencing current compliance with CGL coverage ( <b>NLT \$2M per occurrence</b> ) and State statutory workers' comp. coverage (or waiver). Section 4-1 C. (2)(g) <b>Certificate Holder: Polk County, a political subdivision of the State of Florida. 330 W Church St, Rm 150 Bartow, FL 33830</b>
<input type="checkbox"/> Met; 9. <input type="checkbox"/> Not Met	Evidence the applicant has obtained all permits and licenses required by law or ordinance to provide Commercial Collection Service within the County. Section 4-1 C. (2)(h)
<input checked="" type="checkbox"/> Met 10. <input type="checkbox"/> Not Met	Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (ii) no liens of record filed by the IRS or State against the applicant; (iii) applicant will comply with all Ord. requirements and all applicable laws. Section 4-1 C. (2)(i) <b>MUST BE NOTARIZED</b>
<input type="checkbox"/> Met; 11. <input type="checkbox"/> Not Met	Delivery of written indemnity of County from any loss which may result from the applicant, its employees, subcontractors, agents, failure to perform in compliance with the terms of the franchise or the Ordinance. Section 4-1 C. (2)(j) <b>MUST BE NOTARIZED</b>
<input type="checkbox"/> Met 12. <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

**DRAFT**

12:05

56:15

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Michael king trucking

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Florida Limited Liability Company

MICHAEL KING TRUCKING LLC

**Filing Information**

Document Number	L13000031739
FEI/EIN Number	20-0746838
Date Filed	03/01/2013
Effective Date	02/28/2013
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	01/30/2015

**Principal Address**

2487 Gerber Dairy  
Winter Haven, FL 33880

Changed: 04/26/2018

**Mailing Address**

2487 Gerber Dairy  
Winter Haven, FL 33880

Changed: 04/26/2018

**Registered Agent Name & Address**

KING, MICHAEL  
2487 Gerber Dairy  
Winter Haven, FL 33880

Name Changed: 01/30/2015

Address Changed: 04/26/2018

**Authorized Person(s) Detail****Name & Address**

Title MGRM

KING, MICHAEL  
2487 Gerber Dairy  
Winter Haven, FL 33880

**Annual Reports**

Report Year	Filed Date
2023	04/04/2023
2024	04/18/2024
2025	04/12/2025

**Document Images**[04/12/2025 - ANNUAL REPORT](#)[View image in PDF format](#)



MICHKIN-01

SELLERBE

DATE (MM/DD/YYYY)  
12/23/2025

## CERTIFICATE OF LIABILITY INSURANCE

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	CONTACT <b>Stephanie Lynn Ellerbe</b> NAME: PHONE (A/C, No, Ext): (863) 688-4455 FAX (A/C, No): (863) 688-4477 E-MAIL: <a href="mailto:steph@mitchellfl.com">steph@mitchellfl.com</a> ADDRESS:				
	INSURER(S) AFFORDING COVERAGE				NAIC #
INSURED	INSURER A : <b>Southern Owners Ins. Co.</b> 10190				
	INSURER B : <b>Auto-Owners Insurance Company</b> 18988				
	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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b>  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	72234628	9/23/2025	9/23/2026	EACH OCCURRENCE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (ea occurrence)	\$ 300,000	
	OTHER:					MED EXP (Any one person)	\$ 10,000	
<b>B</b>	<b>AUTOMOBILE LIABILITY</b>  ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		4123462801	7/11/2025	7/11/2026	PERSONAL & ADV INJURY	\$ 1,000,000	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					GENERAL AGGREGATE	\$ 4,000,000	
	DED <input type="checkbox"/> RETENTION \$					PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				EACH OCCURRENCE AGGREGATE	\$ 1,000,000	
						PIP	\$ 10,000	
						PER STATUTE	OTHE- R	
						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)

\*\*\*General Liability Limit Increase Effective 12/15/2025\*\*\*

Additional insured in regards to commercial general liability (when required by written contract): Polk County, a political subdivision of the State of Florida

## CERTIFICATE HOLDER

## CANCELLATION

Polk County, a political subdivision of the State of Florida  
330 W. Church Street  
Room 150  
Bartow, FL 33830

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



STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 6/9/2025

**EXPIRATION DATE:** 6/9/2027

**PERSON:** MICHAEL B KING

**EMAIL:** BODYWORX96@AOL.COM

**FEIN:** 200746838

**BUSINESS NAME AND ADDRESS:**

MICHAEL KING TRUCKING LLC

2487 GERBER DAIRY RD

WINTER HAVEN, FL 33880

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to [www.myfloridalicense.com](http://www.myfloridalicense.com).

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**IMPORTANT:** Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

# MICHAEL KING TRUCKING LLC

10-20-2025

To whom it my concern:

As of the date of the correspondence stated above , Michael King Trucking LLC, as well as it's Managing/Owner Michael King has never had involvement as a subject or as a part in any litigation,criminal proceedings, or agency enforcement cases.

I, Michael King MGR\Owner of Michael King Trucking LLC do attest  
the above statement to be true and correct.

State Florida

County of Polk

The foregoing instrument was acknowledged before me this 23rd day of  
October, 2025 Personally know or Produced identification

*Jessica Gonzalez*



POLK COUNTY WASTE & RECYCLING

**NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST**

**FRANCHISEE** Michael King trucking LLC

## FOR YEAR \_\_\_\_\_

**OFFICE USE ONLY**

**DATE RECEIVED**

**DATE TO AUDITING**

ACCEPTED

POLK COUNTY WASTE & RECYCLING

#### **NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST**

FRANCHISEE Michael King Trucking LLC

**FOR YEAR** \_\_\_\_\_

**OFFICE USE ONLY**

**DATE RECEIVED**

**DATE TO AUDIT IN**

ACCEPTED

**POLK COUNTY LOCAL BUSINESS TAX RECEIPT****ACCOUNT NO. 13941****CLASS: B****EXPIRES:****09/30/2026**

<b>OWNER NAME</b>	<b>LOCATION</b>
MICHAEL KING TRUCKING LLC	1413 BERKLEY CT WINTER HAVEN
<b>BUSINESS NAME AND MAILING ADDRESS</b>	<b>CODE</b> <b>ACTIVITY TYPE</b>
MICHAEL KING TRUCKING LLC MICHAEL KING TRUCKING LLC 2487 GERBER DAIRY RD WINTER HAVEN, FL 338805619	480010    COMMERCIAL DRIVER PROFESSIONAL LICENSE (IF APPLICABLE)
<b>OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR</b>	THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION

PAID ~3402325 07/07/2025 OPY

OLP 57.75

MICHAEL KING TRUCKING LLC

STATE OF FLORIDA

Before me, the undersigned notary public authorized to administer oaths, personally appeared Michael King ~~when, after being duly sworn, on oath deposes and states, as follows:~~

- 1) He is Michael King trucking LLC, a LLC 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 Michael King trucking LLC
- 4) There are no liens of record filed by the Internal Revenue Service against Michael King trucking LLC
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Michael King trucking LLC
- 6) Michael King trucking LLC acknowledges and consents that the County shall have the right to inspect Michael King trucking LLC vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Michael King trucking 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 Michael King trucking LLC will continue to comply with the same.

Further the affiant sayeth not.

Dated the 7th day of October, 2026

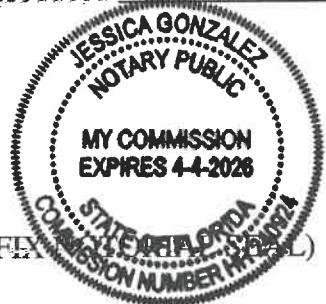
Michael King

Sworn Person Signature

Michael King owner

Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 7th day of October, 2025, by Michael King, who is either  personally known to me; or  has produced Michael King as identification.



Jessica Gonzalez

Notary Public Signature

Jessica Gonzalez

Printed Name of Notary Public

440924 / 4-4-26

Notary Commission Number/Expiration

**INDEMNITY**

WHEREAS, THE UNDERSIGNED Michael King  
(the "Undersigned"), is the owner of Michael King Trucking LLC  
(the "\_\_\_\_\_), a FHC Corporation,

WHEREAS, the Michael King Trucking 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 Michael King Trucking LLC

NOW, THEREFORE, in consideration of the benefits accruing to the Michael King Trucking LLC and for other good and valuable consideration, the Undersigned, by and on behalf of the Michael King Trucking 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, Michael King Trucking 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 Michael King Trucking LLC this 7th day of October, 2025.

ATTEST:

By: Dalton Hart  
Dalton Hart  
[Printed Name, Title]

Michael King

a \_\_\_\_\_

By: Jessica Gonzalez  
Jessica Gonzalez, Notary  
[Printed Name, Title]

AFFIX NOTORIAL SEAL



MICHAEL KING TRUCKING LLC  
2487 GERBER DAIRY RD  
WINTER HAVEN FL 33880-5619

1826

63-1403/631

12-11-25

Date

 CHECK ARMOR

FRAUD PROTECTION

Pay to the  
Order of

\$ 750 

Polk County solid waste  
seven hundred fifty 00/100 -

Dollars

 Photo  
safe  
Deposits  
Details on back

 SouthState

SouthStateBank.com • 800.277.2175

For \_\_\_\_\_



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