

**DRAFT**

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

Applicant: Reggin Clynne Development Date: 8-10-25

| Status   | Brief Description of Application Requirements   |
|--|---|
| <input checked="" type="checkbox"/> Met;<br><input type="checkbox"/> Not Met | Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)   |
| <input checked="" type="checkbox"/> Met;<br><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;<br><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;<br><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)  |
| <input checked="" type="checkbox"/> Met;<br><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 checked="" type="checkbox"/> Met;<br><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;<br><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 checked="" type="checkbox"/> Met;<br><input type="checkbox"/> Not Met | Original Certificates of Insurance evidencing current compliance with CGL coverage (NLT \$2M per occurrence) and State statutory workers' comp. coverage (or waiver). Section 4-1 C. (2)(g)   |
| <input checked="" type="checkbox"/> Met;<br><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;<br><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)  |
| <input checked="" type="checkbox"/> Met;<br><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)  |
| <input checked="" type="checkbox"/> Met;<br><input type="checkbox"/> Not Met | Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)   |

**DRAFT**

9-3 sent  
To Attorney  
File 25-1635

August 29, 2025



☎ 863-666-1999

📍 2840 Security Ln,  
Lakeland, FL 33803

Polk County Waste & Recycling Division  
10 Environmental Loop South  
Winter Haven, FL 33880

Re: Non-Exclusive Commercial Franchise

Please accept this correspondence as our application form to obtain a Non-Exclusive Commercial Franchise for the purpose of collecting, removing, and transporting commercial solid waste within Polk County and landfill privileges.

Roggen Clyne Development is a commercial site development company involved in land clearing, earthmoving, underground utilities, and road construction. The roll-off container division was added to help facilitate the collection, removal, and transporting of solid waste generated from its land clearing and demolition activities. Subsequently by natural extension, the roll-off container service was provided to the General Contractors the site development company was under contract with.

Roggen Clyne Development or any of its principals or officers are not involved in any litigation, criminal proceedings, or agency enforcement cases.


Our staff includes:

Kyle Clyne – President  
Stacey Clyne – Sec/Tres  
Kaleb Sherrouse – Dispatcher

Our CDL Drivers for the roll-off trucks are:

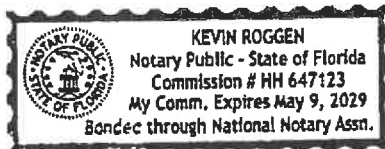
James Wood  
Robert Uhl  
Keith Roggen  
Lazarro Sanfiel

Sincerely,

  
\_\_\_\_\_  
Kyle Clyne  
President

County: Polk  
State: Florida

Sworn to and subscribed before me by physical appearance this 29 day of August, 2025, by Kyle Clyne, President of Roggen Clyne Development who is personally known to me.



ROGGENCLYNE.COM

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000062631

**Entity Name:** ROGGEN CLYNE DEVELOPMENT, INC.

**Current Principal Place of Business:**

2840 SECURITY LANE  
LAKELAND, FL 33803

**Current Mailing Address:**

2840 SECURITY LANE  
LAKELAND, FL 33803 US

**FEI Number:** 88-3676102

**Certificate of Status Desired:** No

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

MILLER, THEODORE R  
2323 S. FLORIDA AVENUE  
LAKELAND, FL 33803 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

**Officer/Director Detail :**

Title P  
Name CLYNE, KYLE T  
Address 2840 SECURITY LANE  
City-State-Zip: LAKELAND FL 33803

Title SEC  
Name CLYNE, STACEY L  
Address 2840 SECURITY LANE  
City-State-Zip: LAKELAND FL 33803

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KYLE CLYNE

**PRESIDENT**

**02/10/2025**

Electronic Signature of Signing Officer/Director Detail

Date

August 20, 2025



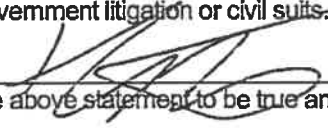
☎ 863-666-1999

📍 2840 Security Ln,  
Lakeland, FL 33803

Polk County Solid Waste Division

To whom it may concern,

As of the date of the correspondence above, Roggen Clyne Development as well as its managing member/owner, Kyle Clyne has never and is currently not involved in any type of litigation, criminal proceedings, judgments, and/or liens including the Internal Revenue Service and all state and/or federal government litigation or civil suits.

I,  (Kyle Clyne), MGR/Owner of Roggen Clyne Development, do attest the above statement to be true and correct.

The foregoing instrument was acknowledged before me this 18<sup>th</sup> day of August, 2025. Personally known to me.

State: Florida  
County: Polk

## POLK COUNTY WASTE & RECYCLING

**FRANCHISEE** Roggen Clyne Deve

FOR YEAR \_\_\_\_\_ 2025

**OFFICE USE ONLY**

DATE RECEIVED

DATE TO AUDITING

**ACCEPTED**

[illegible]

## INDEMNITY

**WHEREAS, THE UNDERSIGNED** Kyle Clyne  
(the “Undersigned”), is the President of Roggen Clyne Development  
(the “ Company ”), a Florida Corporation ,

**WHEREAS**, the Company, 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 company

**NOW, THEREFORE**, in consideration of the benefits accruing to the company  
\_\_\_\_\_ and for other good and valuable consideration, the Undersigned, by and on  
behalf of the company \_\_\_\_\_ 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, Roggen Clyne Development  
\_\_\_\_\_, 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 company this 18<sup>th</sup> day of August, 2025.

**ATTEST:**

By: kevin roggen Digitally signed by: kevin roggen  
Date: 2025.08.19 13:14:14 -0400

**Kevin Roggen, Office Manager**

[Printed Name, Title]

**a** \_\_\_\_\_

By: Kyle Clyne Digitally signed by: Kyle Clyne  
Date: 2025.08.19 13:14:21 -0400

Kyle Clyne, President

[Printed Name, Title]

SEAL



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

STATE OF FLORIDA  
COUNTY OF Polk

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

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

Further the affiant sayeth not.

Dated the 18th day of August, 2025

**Kyle Clyne**

Digitally signed by: Kyle Clyne  
Date: 2025.08.19 13:09:45  
-0400

Sworn Person Signature  
Kyle Clyne, President

Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 18th day of August, 2025, by Kyle Clyne, who is either ☒ personally known to me; or ☐ has produced \_\_\_\_\_ as identification.

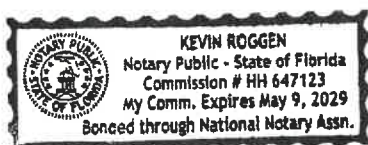
**kevin roggen**

Digitally signed by: kevin roggen  
Date: 2025.08.19 13:09:53 -0400

Notary Public Signature  
Kevin Roggen

Printed Name of Notary Public  
HH 647123 May 9, 2029

Notary Commission Number/Expiration



BOCC/SOLID WASTE DIVISION  
10 ENVIRONMENTAL LOOP  
WINTERHAVEN, FL 33880  
FAX#: 863-284-4321

**BOND**  
**KNOW ALL MEN BY THESE PRESENTS:**

Bond No. 101601700

**THAT WE** Roggen Clyne Development  
2840 Security Lane  
Lakeland, FL 33803

, as Principal, authorized to do business in the State of Florida, as surety are held and firmly bound to **POLK COUNTY**, a political subdivision of the State of Florida, its successors and assigns, in the amount Fifty One Thousand Five Hundred Thirty Eight & 00/100 dollars ( \$51,538.00 ), lawful money of the United States of America for the payment of which the Principal and Surety, their heirs, executors, administrators, successors and assigns, are hereby jointly and severally bound.

**WHEREAS**, **POLK COUNTY** requires by ordinance, the Principal shall promptly pay all its monthly Landfill tipping (dumping) fees, and Principal and obligee **POLK COUNTY** agree that Principal may do so by furnishing this surety bond for prompt payment of the monthly landfill tipping (dumping) fees.

**NOW THEREFORE**, the condition of this obligation is such that if the Principal shall promptly pay all amounts which may be due by Principal to **POLK COUNTY** for dumping fees in the Principal's name at any or all premises, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

**PROVIDED FURTHER**, that regardless of the number of years this bond shall continue or be continued in the force and of the number of premiums which shall be payable or paid, the Surety shall not be liable there under for a larger amount, in the aggregate, than the amount of this bond

**PROVIDED FURTHER**, that should the Surety so elect, this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in writing by certified mail to the above address.

Signed, sealed and dated this 29th day of July, A.D., 2025.

Roggen Clyne Development  
**Principal**

**BY:**

Kyle Clyne

Merchants National Bonding, Inc.

**Surety**

**Attest**

**Attest**

Daniel F Wagner

Attorney-in-Fact

Surety Phone No. (800) 678-8171



# MERCHANTS BONDING COMPANY™ POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, and MERCHANTS NATIONAL INDEMNITY COMPANY, an assumed name of Merchants National Bonding, Inc., (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

**Daniel F Wagner**

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the By-Laws adopted by the Board of Directors of the Companies.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 29th day of July, 2025



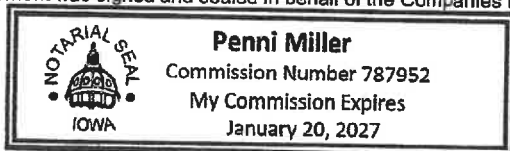
MERCHANTS BONDING COMPANY (MUTUAL)  
MERCHANTS NATIONAL BONDING, INC.  
MERCHANTS NATIONAL INDEMNITY COMPANY

By

President

STATE OF IOWA  
COUNTY OF DALLAS ss.

On this 29th day of July, 2025, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.



(Expiration of notary's commission  
does not invalidate this instrument)

Notary Public

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 29th day of July, 2025



Secretary

**POLK COUNTY LOCAL BUSINESS TAX RECEIPT****ACCOUNT NO. 251223****CLASS: A****EXPIRES:****09/30/2026****OWNER NAME****LOCATION****KYLE CLYNE****2840 SECURITY LN  
LAKELAND****BUSINESS NAME AND MAILING ADDRESS****CODE****ACTIVITY TYPE****ROGGEN CLYNE DEVELOPMENT****230000****LTD NON-LICENSED CONSTRUCTION ONLY**

ROGGEN CLYNE DEVELOPMENT

2840 SECURITY LN

LAKELAND, FL 33803

**OFFICE OF JOE G. TEDDER, CFC \* TAX COLLECTOR****THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY  
DISPLAYED AT THE BUSINESS LOCATION****PAID - 3401673 07/07/2025 OPY****OLP 31.50****ROGGEN CLYNE DEVELOPMENT**



ROGGEN-01

DIBJO1

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
9/17/2024

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).

|   |  |   |  |               |
|---|--|---|--|---------------|
| <b>PRODUCER</b><br>Mulling Insurance Agency, Inc.<br>P.O. Box 308<br>Auburndale, FL 33823           |  | <b>CONTACT NAME:</b> Joshua Dibling<br><b>PHONE (A/C, No, Ext):</b> (863) 967-4454<br><b>E-MAIL ADDRESS:</b> joshd@mullinginsurance.com<br><b>FAX (A/C, No):</b> (863) 967-7592 |  |               |
| <b>INSURED</b><br><br>Roggen Clyne Development Inc<br>2840 Security Lane<br>Lakeland, FL 33803-7333 |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b> |
|   |  | <b>INSURER A :</b> Addison Insurance Company  |  | 10324         |
|   |  | <b>INSURER B :</b> Universal Fire & Casualty Insurance Company  |  | 32867         |
|   |  | <b>INSURER C :</b>  |  |               |
|   |  | <b>INSURER D :</b>  |  |               |
|   |  | <b>INSURER E :</b>  |  |               |
|   |  | <b>INSURER F :</b>  |  |               |

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |  |          | 85325447      | 9/18/2024               | 9/18/2025               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                             |  |          | 85325447      | 9/18/2024               | 9/18/2025               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>PIP \$ 10,000  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION \$   |  |          | 85325447      | 9/18/2024               | 9/18/2025               | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$ 3,000,000  |
| B        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input checked="" type="checkbox"/> N | N/A      | 0071238025    | 10/1/2024               | 10/1/2025               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                 |
| A        | <input checked="" type="checkbox"/> <b>Inland Marine Policy</b>   |  |          | 85325447      | 9/18/2024               | 9/18/2025               | Rented/Leased Equip 250,000   |

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

**CERTIFICATE HOLDER****CANCELLATION**Polk County Waste & Recycling  
10 Environmental Loop South  
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

DEPARTMENT OF \_\_\_\_\_, POLK COUNTY FLORIDA No 97500

RECEIVED FROM Roggen Clyne Development Inc Date 8/25/25

| FUND | COST CENTER | ACCOUNT | PROJECT |
|------|-------------|---------|---------|
|      |             |         |         |

FOR: Renewal for Franchise \$ 500.00

\$

\$

\$

\$

CASH ☐ BY: Harmon Turpin - Chair

CHECK ☐ TOTAL \$500.00

REVISED 05/12

**ROGGEN CLYNE DEVELOPMENT INC.**  
 2840 SECURITY LANE  
 LAKELAND, FL 33803  
 863-666-1999

BANK OF CENTRAL FLORIDA  
 LAKELAND, FL 33801  
 63-1626/631

8725

DATE 8/20/2025 AMOUNT 8725

8/20/2025 \*\*\*\*\*500.00

THE SUM OF FIVE HUNDRED DOLLARS AND NO CENTS \*\*\*\*\*

PAY  
TO THE  
ORDER  
OF

Polk County Waste & Recycling  
 10 Environmental Loop S  
 Winter Haven, FL 33880

  
 AUTHORIZED SIGNATURE

⑈008725⑈ ⑆063116261⑆ 1500034417⑈

ROGGEN CLYNE DEVELOPMENT INC.

8725

Polk County Waste & Recycling  
 10 Environmental Loop S  
 Winter Haven, FL 33880

RECEIVED  
 2025 AUG 25 AM 10:38  
 POLK COUNTY  
 SOLID WASTE DIVISION

Check: 8725  
 Date: 8/20/2025  
 Vendor: PLKWSTRS

| Invoice | P.O. Num. | Invoice Amt | Balance | Retention | Discount | Amt. Paid |
|---------|-----------|-------------|---------|-----------|----------|-----------|
| 8-20-25 |           | 500.00      | 500.00  | 0.00      | 0.00     | 500.00    |
| renewal |           |             |         |           |          |           |
|         |           | 500.00      | 500.00  | 0.00      | 0.00     | 500.00    |