

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051751

**Entity Name:** AQUAOX LLC

**Current Principal Place of Business:**

17355 HAMLIN BLVD  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

16155, SIERRA LAKES PARKWAY,  
SUITE 160-714  
FONTANA, CA 92336 US

**FEI Number:** 90-0397810

**Certificate of Status Desired:** No

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

VAN SCHAIK, MICHEL  
17355 HAMLIN BLVD  
LOXAHATCHEE, FL 33470 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            AQUAOX INC  
Address        16155, SIERRA LAKES PARKWAY,  
                  SUITE 160-714  
City-State-Zip: FONTANA CA 92336

Title            MANAGER  
Name            VAN SCHAIK, MICHEL  
Address        17355 HAMLIN BLVD  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** MICHEL VAN SCHAIK

**MANAGER**

**01/09/2014**

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

\_\_\_\_\_ Date