

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000027668

**Entity Name:** AQUA VAULT LLC

**Current Principal Place of Business:**

8985 BAY DR  
SURFSIDE, FL 33154

**Current Mailing Address:**

P.O. BOX 612461  
NORTH MIAMI, FL 33261

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JONATHAN, KINAS  
8985 BAY DR  
SURFSIDE, FL 33154 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 MGRM  
Name JONATHAN, KINAS  
Address PO BOX 612461  
City-State-Zip: NORTH MIAMI FL 33261

Title MGRM  
Name AVIN, SAMTANI  
Address PO BOX 612461  
City-State-Zip: NORTH MIAMI FL 33261

Title MGRM  
Name ROBERT, PECK  
Address PO BOX 612461  
City-State-Zip: NORTH MIAMI FL 33261

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JONATHAN KINAS

**MANAGING PARTNER**

**03/06/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date