

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000049089

Entity Name: ARMED WATER FILTRATION SYSTEMS LLC

Current Principal Place of Business:

6175 LOMAX ST
ENGLEWOOD, FL 34224

Current Mailing Address:

6175 LOMAX ST
ENGLEWOOD, FL 34224

FEI Number: 46-5224238

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BYRNE, JASON
6175 LOMAX ST
ENGLEWOOD, FL 34224 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 BYRNE, JASON
Address 6175 LOMAX ST
City-State-Zip: ENGLEWOOD FL 34224

Title MBR
Name BYRNE, DAVID
Address 560 N QUINCY RD
City-State-Zip: VENICE FL 34293

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: DAVID BYRNE

AMBR

06/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date