

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000149155

**Entity Name:** BONE DRY DEWATERING, LLC

**Current Principal Place of Business:**

6172 DEL RIO DRIVE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

6172 DEL RIO DRIVE  
PORT ORANGE, FL 32127 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KOREY, R. KEVIN  
595 W. GRANDA BOULEVARD, SUITE A  
ORMOND BEACH, FL 32174 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 MGR  
Name TOMLINSON, MARGARET E  
Address 6172 DEL RIO DRIVE  
City-State-Zip: PORT ORANGE FL 32127

*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:** MARGARET E. TOMLINSON

MGR

02/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date