2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000009863 1. Entity Name R & S SOFT WATER SERVICE, L.L.C.						FILED						
						01 MAR -9 AM 10: 35						
Principal Place of Bus 2075 CENTRE POINTE TALLAHASSEE FL 323	LEVARD		SECRETARY OF STATE TALLAHASSEE, FLORIDA									
INCOMMODEL TE GEG		TALLAHASSEE FL 32308			1	 						
2. Principal Place of E	Rusiness	3. Mailing Address								7 1		
4520 Balco Suite, Apt. #, etc.		4520 Balcock Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Nu				_ 	plied For	7	
	FL Country	Palm Bay, FL	Palm Bay, FL Zip Country			65195			55.00 Add	t Applicable	}	
Zip 32905		32905	Country			cate of Stat			ee Require			
6. N	lame and Address of Current	Registered Agent	Na	ıme	7. Name	and Addre	ss of New Re	gistered A	gent			
LAJOIE, JOHN T 2075 CENTRE POINTE BOULEVARD TALLAHASSEE FL 32308				willic reet Address (F 741 Mor	P.O. Box Nu	mber is No	t Acceptable)		· · · · · · · · · · · · · · · · · · ·		_	
IALLAHASSEE F	-L 32308		Cit	hv		·····			Zip Code	e	-	
				<u>Palm Bo</u>				FL	Zip Code 3 2 9 0 5	5	-	
8. The above named SIGNATURE	entity submits this statement to	or the purpose of changing its re		ice or registere			e State of Flor		b 1,20	<u>ي</u>		
Signature,	typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agen	t signature required	when reinstating	g)		DATE			-	
		FILE NOV Make Check Paya		IS \$50.00 epartment of	f State	٠				_		
9.	MANAGING MEMB		10.		7 01		ADDITIONS/	CHANGES	Change	Addition	1	
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CITY-ST-ZIP		□ Delete	TITLE			*	-03/21/	'010	trange	Addition	-	
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11/1 hereby certify th	report is true and accurate and	n this filing does not qualify for the that my signature shall have the empowered to execute this re	e same leg: port as requ	al effect as⊣f n	nade under ter 608, Floi	oatn; tnat rida Statute	am a manag s.	ng membe	r or manage	eroruxe	dc	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Mark 1, 2 aving Phone *