1. Entity Hame

ALGAE EATERS, LLC Principal Place of Business Mailing Address 2318 DOVER DR. 2318 DOVER DR. LAND O' LAKES FL 34639 LAND O' LAKES FL 34639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED 03 FEB 11 PM 12: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA



City & State				DO NOT WHITE IN THIS SPACE		
		City & State		4. FEI Number 22-3823634		Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Ad	lot Applicable dditional
6,	Name and Address of Cui	rrent Registered Agent	<u> </u>	7 Name and Address of New Registers	Fee Require	ed
* The state of the			Name	7. Name and Address of New Registered	1 Agent	<del></del>
WEBSTER	r, frank w					
1608 GULF BEACH BLVD.			Street Address (P.O. Box Number is Not Acceptable)			
TARPON	SPRINGS FL 34689					
			City	FI	Zip Cod	de
8. The above name	ed entity submits this stateme	ent for the purpose of changing its	s reaistered office or reais	tered agent, or both, in the State of Florida. I am	n familiar with	and accept
the obligations of	registered agent.	1 / /		and agon, or both, in the didic of Florida. Fair	TIGHTHIAI WITH	, and accept
SIGNATURE	with whi	ehter?		12 ~	27-0	2
	ire, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating) DATE	27-0	_
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			OW!!! FEE IS \$50.00			
ч			ayable to Department			
		Due By	y September 25, 2002			
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L hereby portify the	hat the information are all 1	with the file of the state of t				
<ol> <li>I hereby certify the indicated on this limited liability control</li> </ol>	hat the information supplied report is true and accurate empany or the receiver or true	with this filing does not qualify for and that my signature shall have t stee empowered to execute this r	the exemption stated in S he same legal effect as if report as required by Char	Section 119.07(3)(i), Florida Statutes. I further cei made under oath; that I am a managing membi oter 608, Florida Statutes.	rtify that the ir er or manage	nfor r of

SIGNATURE: IEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE