

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90100 036 \*\*\*\*50.00

**DOCUMENT # L01000013125**

1. Entity Name  
**WATER PURIFICATION SUPPLIES, LLC**



Principal Place of Business  
2500 S PARK ROAD  
BLDG 2A BAY 5  
PEMBROKE PARK, FL 33009

Mailing Address  
2500 S PARK ROAD  
BLDG 2A BAY 5  
PEMBROKE PARK, FL 33009

**20007573**



2. Principal Place of Business  
**3149 JOHN P CURCIE DR**

3. Mailing Address  
**3149 JOHN P CURCIE DR.**

Suite, Apt. #, etc.  
**BAY 4**

Suite, Apt. #, etc.  
**BAY 4**

01272005 Chg-LLC CR2E083 (10/03)

City & State  
**PEMBROKE PARK FL**

City & State  
**PEMBROKE PARK FL**

4. FEI Number  
**65-1121797**

Applied For  
☐ Not Applicable

Zip Country  
**33009 US**

Zip Country  
**33009 US**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DERVICH, EDGARDO JOSE**  
**3375 N. COUNTRY CLUB DR., #705**  
**AVENTURA, FL 33180**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

**SIGNATURE:** *Edgardo Jose Dervich* **EDGARDO DERVICH** **1/27/05** **322-6666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #