

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000019640

1. Entity Name
UNITED WATER FLORIDA OPERATIONS LLC



Principal Place of Business
**1400 MILLCOE ROAD
JACKSONVILLE, FL 32225**

Mailing Address
**200 OLD HOOK ROAD
HARRINGTON PARK, NJ 07640**

DO NOT WRITE IN THIS SPACE



01242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3757708

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GERBER, ROBERT A
200 OLD HOOK RD
HARRINGTON PARK, NJ 07640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
IMPARATO, EDWARD J
200 OLD HOOK RD
HARRINGTON PARK, NJ 07640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HJELM, CARLA E
200 OLD HOOK RD
HARRINGTON PARK, NJ 07640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ALGRANATI, MICHAEL
200 OLD HOOK RD
HARRINGTON PARK, NJ 07640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000235945
02/19/05-80026-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #