

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000022176

1. Entity Name  
AQUAPULSE INTERNATIONAL, L.L.C.



Principal Place of Business  
450 NORTH STATE ROAD 7  
PLANTATION, FL 33317

Mailing Address  
450 NORTH STATE ROAD 7  
PLANTATION, FL 33317



01092004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1159430

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

CONREY, RICHARD W SR.  
450 NORTH STATE ROAD 7  
PLANTATION, FL 33317

**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 removing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CONREY, RICHARD W SR.  
11050 SW 42ND PLACE  
DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CONREY, SHAWN C  
4250 SW 109 AVE  
DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LOFGREN, PER G  
5882 NE 17TH RD  
FT LAUDERDALE, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CONREY, RICHARD W JR  
4250 SW 109 AVE  
DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LOFGREN, TORBJORN G  
5295 NE 20TH AVE  
FT LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000051915  
02/16/04-80071-009 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

2/16/04

Date

Daytime Phone #