

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001135

Entity Name: SERVICE AQUA, LLC

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

2970 W. 84TH STREET
BAY # 1
HIALEAH, FL 33018

New Principal Place of Business:

2970 W 84TH STREET
BAY # 1
HIALEAH, FL 33018

Current Mailing Address:

2970 W. 84TH STREET
BAY # 1
HIALEAH, FL 33018

New Mailing Address:

2970 W 84TH STREET
BAY # 1
HIALEAH, FL 33018

FEI Number: 75-3002150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PINON, ERIC MR
Address: 2970 W 84TH ST., BAY # 1
City-St-Zip: HIALEAH, FL 33018

Title: MGRM () Delete
Name: PINON, ALAIN MR
Address: 13 BOULEVARD PIERRE CURIE
City-St-Zip: CARQUEIRANNE, FRANCE, FR 83320 FR

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PINON, ERIC M MR
Address: 2970 W 84TH ST., BAY # 1
City-St-Zip: HIALEAH, FL 33018

Title: MGRM (X) Change () Addition
Name: PINON, ALAIN C MR
Address: 13 BOULEVARD PIERRE CURIE
City-St-Zip: CARQUEIRANNE, FRANCE, FR 83320 FR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIC PINON

MGR

02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date