

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90554 014 ****50.00

DOCUMENT # L02000003506

1. Entity Name
WATER-WAYS, LLC



Principal Place of Business
**21 PIRATES COVE LANE
ST. MARKS, FL 32355**

Mailing Address
**P.O. BOX 153
ST. MARKS, FL 32355**

24029837



2. Principal Place of Business
25 St. Marks River's Edge Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262004 Chg-LLC CR2E083 (10/03)

City & State
Crawfordville, FL

City & State

4. FEI Number
04-3695212

Applied For
Not Applicable

Zip
32327

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRUITT, GLENDA
21 PIRATES COVE LANE
ST. MARKS, FL 32355**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

25 St. Marks River's Edge Drive

City
Crawfordville

FL

Zip Code
32327

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

Glenda Pruitt

Glenda Pruitt

3/26/04

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
PRUITT, MIKE
21 PIRATES COVE LANE
SAINT MARKS, FL 32355**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
PRUITT, GLENDA
21 PIRATES COVE LANE
SAINT MARKS, FL 32355**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**25 St. Marks River's Edge Drive
Crawfordville, FL 32327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**25 St. Marks River's Edge Drive
Crawfordville, FL 32327**

TITLE
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☐ 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:

Glenda Pruitt

Glenda Pruitt

3/26/04

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

Date

Daytime Phone #