

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000003506

1. Entity Name

WATER-WAYS, LLC



Principal Place of Business

**25 ST MARKS RIVER'S EDGE DRIVE
CRAWFORDVILLE FL 32327**

Mailing Address

**P.O. BOX 153
ST. MARKS FL 32355**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

04-3695212

Applied For

Not Applicable

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

**PRUITT, GLENDA
25 ST. MARKS RIVER'S EDGE DR.
CRAWFORDVILLE FL 32327**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **PRUITT, MIKE**
CITY - ST - ZIP **25 ST. MARKS RIVER'S EDGE DR.
CRAWFORDVILLE FL 32327**

☐ Change ☐ Addition
UN00000439360
03/01/06-80043-016 50.00

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **PRUITT, GLENDA**
CITY - ST - ZIP **25 ST. MARKS RIVER'S EDGE DR.
CRAWFORDVILLE FL 32327**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 A Pruitt*

2-8-06 850-925-1053