

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000005834

1. Entity Name
WATER WHIZ, LLC



Principal Place of Business

**11700 N.W. 101 ROAD
MEDLEY, FL 33178**

Mailing Address

**11700 N.W. 101 ROAD
MEDLEY, FL 33178**



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0419181

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, 2004**

00000018518
04/12/04-80037-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GOLTZMAN, IRWIN
STREET ADDRESS	10180 S LAKE VISTA CIR
CITY - ST - ZIP	DAVIE, FL 33328
TITLE	V
NAME	ROSENFELD, ROBERT
STREET ADDRESS	2941 W ABIACA CIR
CITY - ST - ZIP	DAVIE, FL 33328
TITLE	MGRS
NAME	BERMUDEZ, MARIO
STREET ADDRESS	215 NW 107TH AVE
CITY - ST - ZIP	PEMBROKE PINES, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

4/8/04
Date

Daytime Phone # _____