

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000006769

1. Entity Name
STERLING WATER, L.L.C.



Principal Place of Business

**4212 SHORECREST DRIVE
ORLANDO, FL 32804 US**

Mailing Address

**P.O. BOX 547971
ORLANDO, FL 32854-7971 US**

DO NOT WRITE IN THIS SPACE



04082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0423885

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMALLEY, CRAIG W
1517 E. HILLCREST STREET
ORLANDO, FL 32803**

**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**

11/0000010485
04/12/04-80083-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIKES, LARRY
STREET ADDRESS	P.O. BOX 719
CITY-ST-ZIP	OSTEEN, FL 32764
TITLE	MGRM
NAME	EVANS, RODNEY C
STREET ADDRESS	208 LAVENDER COURT
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	MGRM
NAME	ROSARIO, RICOEL
STREET ADDRESS	826 JADE FOREST AVE.
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	MGRM
NAME	DIXON, WILLIAM K
STREET ADDRESS	4212 SHORECREST DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804

**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

Ken Dixon

4/8/04 407-947-5258

Date

Daytime Phone #