

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000021031

**Entity Name:** WATERLUX, LLC

**FILED**  
**Dec 21, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

718 N. FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

1507 E. LAS OLAS BOULEVARD  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

718 N. FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33304

**FEI Number:** 20-1448296      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CASTELLI, L. JOHN III  
718 N. FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33304      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:** L. JOHN CASTELLI, III.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** SANCHEZ, LIONEL  
**Address:** 718 N. FEDERAL HIGHWAY  
**City-St-Zip:** FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** LIONEL SANCHEZ

MGR

12/21/2005

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