


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000046734	
--------------------------------	---

1. Entity Name
AQUAFLO,LLC

Principal Place of Business 508 HUMPHRIES ROAD SAFETY HARBOR FL 34695 US	Mailing Address 508 HUMPHRIES ROAD SAFETY HARBOR FL 34695 US
--	--



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2906163

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, DAVID C
508 HUMPHRIES ROAD
SAFETY HARBOR FL 34695**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM LOPEZ, DAVID C 508 HUMPHRIES ROAD SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
---	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
---	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
---	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
---	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
---	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
---	--	---------------------------------

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	---

U00000678922
04/03/07-80018-011 50.00

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	---

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	---

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	---

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	---

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	---

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: *David C Lopez* **DAVID C LOPEZ**

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

3/22/07 (727) 726-4929

Date

Daytime Phone #