


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90021 002 \*\*\*\*50.00

|                                   |  |   |
|-----------------------------------|--|---|
| <b>DOCUMENT # L04000005129</b>    |  |  |
| 1. Entity Name<br>AQUACOLORS, LLC |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>220 ANN CIRCLE<br>3<br>DESTIN, FL 32541 | Mailing Address<br>220 ANN CIRCLE<br>3<br>DESTIN, FL 32541 |
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60053617



|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br>200 Sandestin Lane<br>Suite, Apt. #, etc.<br>108 | 3. Mailing Address<br>200 Sandestin Lane<br>Suite, Apt. #, etc.<br>108 |
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07112007 Chg-LLC CR2E083 (12/06)

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br>Miramar Beach, FL | City & State<br>Miramar Beach, FL |
| Zip<br>32550                      | Zip<br>32550                      |
| Country                           | Country                           |

|  |  |
|--|--|
| 4. FEI Number<br>20-0631891  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |

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|--|--|
| 6. Name and Address of Current Registered Agent<br><br>BRAD CONGLETON CPA, INC.<br>50 UPTOWN GRAYTON CIRCLE<br>15<br>DESTIN, FL FL |  |
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|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| 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 |
|-----------|---|--|------|

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| <b>Filing Fee is \$50.00<br/>Due by September 14, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>NETRO, JOSUE F<br>220 ANN CIRCLE<br>DESTIN, FL 32541 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-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 Chapter 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.

|   |          |              |
|---|----------|--------------|
| <b>SIGNATURE:</b> JOSUE F. NETRO  | 07/23/07 | 850 699 1850 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |          |              |
| Date Daytime Phone #  |          |              |