

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000005129

1. Entity Name  
AQUACOLORS, LLC



**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

200 SAN DESTIN LANE  
108  
MIRAMAR BEACH, FL 32550

Mailing Address

200 SAN DESTIN LANE  
108  
MIRAMAR BEACH, FL 32550



07212008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0631891

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRAD CONGLETON CPA, INC.  
50 UPTOWN GRAYTON CIRCLE  
15  
DESTIN, FL FL

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000958918  
09/03/08-80009-005 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME NETRO, JOSUE F  
STREET ADDRESS 220 ANN CIRCLE  
CITY-ST-ZIP DESTIN, FL 32541

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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: JOSUE F. NETRO

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

08/26/08 850)699 1850

Date

Daytime Phone #