

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000007106

1. Entity Name
AQUAGATION, LLC



Principal Place of Business

235 6TH STREET NW
UNIT 604
WINTER HAVEN, FL 33881

Mailing Address

PO BOX 885
WINTER HAVEN, FL 33882



01132007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0751737

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAAL, DALE W
235 6TH STREET NW
UNIT 604
WINTER HAVEN, FL 33881

**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

Dale Schaal
Signature, typed or printed name of registered agent and title if applicable

Dale Schaal

(NOTE: Registered Agent signature required when reinstating)

1-16-07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCHAAL, DALE
235 6TH STREET NW UNIT 604
WINTER HAVEN, FL 33881

TITLE
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CITY-ST-ZIP

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01/18/07-80060-007 50.00

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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:

Dale Schaal

Dale Schaal

1-16-07

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

Date

Daytime Phone #