

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90132 021 ****50.00

DOCUMENT # L04000014546

1. Entity Name

AQUASITIONS OF SOUTH FLORIDA, L.L.C.



Principal Place of Business

1351 WEST TERRA MAR DRIVE
POMPANO BEACH FL 33062

Mailing Address

1351 WEST TERRA MAR DRIVE
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

202349236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDEIROS, RITA
1351 WEST TERRA MAR DRIVE
POMPANO BEACH FL 33062

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

Rita Medeiros

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MEDEIROS, RITA
1351 WEST TERRA MAR DRIVE
POMPANO BEACH FL 33062 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
MGRM
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1351 WEST TERRA MAR DRIVE
POMPANO BEACH FL 33062 ☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Rita Medeiros Rita Medeiros

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

5-1-05 954.785.7630

Date

Daytime Phone #