

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90043 008 ****50.00

DOCUMENT # L04000024412

1. Entity Name

ECONFINA WATER, L.L.C.



Principal Place of Business

501 PAWNEE TRAIL
MAITLAND FL 32751

Mailing Address

501 PAWNEE TRAIL
MAITLAND FL 32751



2. Principal Place of Business

4705 ECONFINA RIVER BL
Suite, Apt. #, etc.
LAMONT

3. Mailing Address

4705 ECONFINA RIVER BL
Suite, Apt. #, etc.
LAMONT

1st MOORE

CR2E083 (10/04)

City & State

FL

City & State

FL

4. FEI Number

20-2676583

Applied For

Not Applicable

Zip

32-336

Country

USA

Zip

32-336

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACKAY, DAVID L
C/O DAVID L. MACKAY ATTORNEY, P.A.
2801 SOUTHWEST COLLEGE ROAD, SUITE 9
OCALA FL 34474

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ECONFINA RESORT, INC.
STREET ADDRESS 501 PAWNEE TRAIL
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE PRESIDENT
NAME ROBERT STEFANELLO
STREET ADDRESS 4705 ECONFINA RIVER RD
CITY-ST-ZIP LAMONT, FL 32736 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VICE PRES/SECRETARY
NAME GEDGE MACKAY
STREET ADDRESS 501 PAWNEE TRAIL
CITY-ST-ZIP MAITLAND, FL 32751 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

ECONFINA RESORT, INC.

MANAGER

7/20/2005

850 584-2135