

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075281

FILED  
Jan 25, 2008  
Secretary of State

Entity Name: WATER PRO LLC

**Current Principal Place of Business:**

1301 NW 2ND ST  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

1301 NW 2ND ST  
HOMESTEAD, FL 33030

**New Mailing Address:**

FEI Number: 16-1713488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOCARRAZ, MATTHEW  
18720 SW 316 ST.  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MNGR ( ) Delete  
Name: SOCARRAZ, MATTHEW  
Address: 18720 SW 316 ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: SOCARRAZ, MATTHEW  
Address: 18720 SW 316 ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: SECR ( ) Change (X) Addition  
Name: SOCARRAZ, BARBARA C  
Address: 17301 SW 248 ST  
City-St-Zip: PRINCETON, FL 33032

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW SOCARRAZ

PRES

01/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date