

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000078676

FILED  
Sep 18, 2006  
Secretary of State

Entity Name: LIVING SPRINGS WATER, L.L.C.

## Current Principal Place of Business:

P.O. BOX 772238  
CORAL SPRINGS, FL 33077

## New Principal Place of Business:

P.O. BOX 770434  
CORAL SPRINGS, FL 33077

## Current Mailing Address:

P.O. BOX 772238  
CORAL SPRINGS, FL 33077

## New Mailing Address:

P.O. BOX 770434  
CORAL SPRINGS, FL 33077

FEI Number: 20-1829525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEWAK, MARC A T  
8211 W. BROWARD BLVD.  
SUITE 440  
PLANTATION, FL 33324 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: MARC SPIEWAK

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DAVIS, JOSEPH A  
Address: P.O. BOX 770434  
City-St-Zip: CORAL SPRINGS, FL 33077

Title: MGRM (X) Delete  
Name: NKWENTI, MATHIAS A  
Address: 264 WEST STEUBEN STREET, SUITE B  
City-St-Zip: CRAFTON, PA 15205

Title: MGRM (X) Delete  
Name: SCOTT, CHARLES C II  
Address: 16238 NORTHWEST 83RD PLACE  
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM ( ) Delete  
Name: MALCOLM, DESMOND  
Address: 111 NORTHWEST SECOND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33302

Title: MGRM ( ) Delete  
Name: MALCOLM, CATHERINE  
Address: 111 NORTHWEST SECOND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33302

Title: MGRM ( ) Delete  
Name: RODGERS, DERRICK A  
Address: P.O. BOX PMB 281 3216 W. SPLANADE AVE.  
City-St-Zip: METAIRIE, LA 70002

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH DAVIS

MGR

09/18/2006

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