

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085954

FILED
Apr 04, 2005
Secretary of State

Entity Name: JACK HERRING WATERCARE, LLC

Current Principal Place of Business:

2400 NE INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

PO BOX 1090
PORT SALERNO, FL 34992

New Mailing Address:

FEI Number: 65-0848461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, LAURA
614 CEDARSIDE CIRCLE, NE
PALM BAY, FL 32905 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/MEMBERS:

Title: MGRM () Delete
Name: SODHI, N
Address: 5253 SE SEA ISLAND WAY
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: MOROW, W
Address: PO BOX 1090
City-St-Zip: PORT SALERNO, FL 34992

Title: MGRM () Delete
Name: T-PCOTCOM, LLC,
Address: 2400 NE INDIAN RIVER DR
City-St-Zip: JENSEN BEACH, FL 34957

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICOLAS SODHI

MGRM

04/04/2005

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