

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010027

Entity Name: AQUAFORMZ, LLC.

FILED  
May 04, 2009  
Secretary of State

## Current Principal Place of Business:

4903 PLANTATION DRIVE  
TAMPA, FL 33615 US

## New Principal Place of Business:

## Current Mailing Address:

4903 PLANTATION DRIVE  
TAMPA, FL 33615 US

## New Mailing Address:

FEI Number: 35-2249267      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CRESPO, ARTAGNAN A  
515 39TH AVENUE N.E.  
ST. PETERSBURG, FL 33703 US

## Name and Address of New Registered Agent:

BENNETT, MICHAEL S  
4903 PLANTATION DRIVE  
TAMPA, FL 33615 US

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: MICHAEL S. BENNETT

05/04/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BENNETT, MICHAEL S  
Address: 4903 PLANTATION DR.  
City-St-Zip: TAMPA, FL 33615 US

Title: MGR (X) Delete  
Name: CRESPO, ARTAGNAN A  
Address: 515 39TH AVENUE N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MGR (X) Delete  
Name: BENNETT, MICHAEL S  
Address: 4803 PLANTATION DR  
City-St-Zip: TAMPA, FL 33615

Title: MGR (X) Delete  
Name: CRESPO, ARTAGHAN A  
Address: 515 39TH AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

## ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition  
Name: BENNETT, MICHAEL S MR.  
Address: 4903 PLANTATION DR.  
City-St-Zip: TAMPA, FL 33615 US

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 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: MICHAEL S. BENNETT

PRES

05/04/2009

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