

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

1/2

FILED
Feb 24, 2006 8:00 am
Secretary of State

01-30-2006 90154 013 ****50.00

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1. Entity Name
**ADVANCED WATER EXTRACTION & STRUCTURAL
DRYING, LLC**



Principal Place of Business
**PO BOX 245
SUMTERVILLE, FL 33585 US**

Mailing Address
**PO BOX 245
SUMTERVILLE, FL 33585 US**

30001024



01112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0668842

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INNELLO, ANTHONY J
818 SOUTH HIGHWAY 301
SUMTERVILLE, FL 33585**

**DO NOT WRITE
IN THIS SPACE**

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

Anthony Inello

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

1/19/06

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	INNELLO, ANTHONY J
STREET ADDRESS	818 SOUTH HIGHWAY 301
CITY- ST- ZIP	SUMTERVILLE, FL 33585
TITLE	MGRM
NAME	MAIER, LARRY
STREET ADDRESS	2216 COUNTY ROAD 533 A
CITY- ST- ZIP	SUMTERVILLE, FL 33585
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

Anthony Inello

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

2/21/02

Date

(352)603-1407

Daytime Phone #