

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000034907

**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**

DO NOT WRITE IN THIS SPACE

02212007 No Chg-LLC

CR2E083 (11/05)

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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**

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03/07/07-80055-012 50.00

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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 608, Florida Statutes.

SIGNATURE:

Anthony J. Innello

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

2/21/07 (752)(03-1407

Date

Daytime Phone #