

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000044011

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** AQUASCAPES OF GAINESVILLE, L.L.C.

**Current Principal Place of Business:**

17181 NW 239 TERRACE  
HIGH SPRINGS, FL 32654

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 687  
HIGH SPRINGS, FL 32655

**New Mailing Address:**

**FEI Number:** 56-2513690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKERINK, DAVID P  
17181 NW 239TH TERRACE  
HIGHSRINGS, FL 32654 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/MANAGERS:**

Title: MGRM  
Name: BECKERINK, DAVID  
Address: PO BOX 687  
City-St-Zip: HIGH SPRINGS, FL 32655

I hereby 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: DAVID BECKERINK

MGR

04/09/2012

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