2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000081146 AQUÁ SUN TECHNOLOGIES, LLC

NAME

TITLE

NAME STREET ADDRESS

CITY-SI-7IP

STREET ADDRESS CITY-ST-ZIP



FILED

Apr 06, 2006 8:00 am Secretary of State

04-06-2006 90299 032 ****50.00

Change

☐ Addition

200222002 Principal Place of Business Mailing Address 3 SUNSHINE BLVD. 3 SUNSHINE BLVD. ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chq-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 20-3382586 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNEDY, R. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3 SUNSHINE BLVD. ORMOND BEACH, FL 32174 City Zip Code 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. **MGRM** TITLE Change Addition TITLE Delete CARLSON, DEAN NAME NAME 3 SUNSHINE BLVD. STREET ADDRESS STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Addition TITLE ☐ Change

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.

NAME STREET ADDRESS

TITLE

NAME

Delete

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	St.	3-24	4-06	386-677-0573
SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING MANAGING MEMBER, MANA		Date	Daytime Phone #