2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1/2006-90069-049-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 11:24

DOCUMENT # L05000084035

1. Entity Name
R&C AQUATIC GROUP LLC

Principal Place of Business	Mailing Address
12059 SW 117TH AVE MIAMI, FL 33186	14316 SW 158TH PLACE MIAMI, FL 33196
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

5162006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 16-1730751 ☐ Applied For ☐ Not Applicable

5. Certificate of Status D — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REVILLA, VALDEMAR
14316 SW 158TH PLACE
MIAMI, FL 33176

7. Name and Address c...

Name: GBS CONSULTANTS, INC.
Street Address (P.O. Box Number is Not Acceptable): 1290 WESTON Road Ste 306
City: Weston FL Zip Code: 33326

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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES (MANAGER)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REVILLA, VALDEMAR 14316 SW 158TH PLACE MIAMI, FL 33196	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carolina Vendrame 14316 SW 158th Place miami, FL 33196	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONTRERAS, JESLY 14316 SW 158TH PLACE MIAMI, FL 33196	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Carolina Vendrame
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #