

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000118216

1. Entity Name  
GO TO WATER, LLC



Principal Place of Business  
3117 WEST COLUMBUS DR., #206  
TAMPA, FL 33607

Mailing Address  
3117 WEST COLUMBUS DR., #206  
TAMPA, FL 33607

FILED

07 MAY -7 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

BK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05072007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

59-3831226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PINA, OLGA M ESQ.  
501 E. KENNEDY BLVD., STE. 1700  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Amended AR is \$50.00

BK



9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOMEZ, ALBERTO 119 SOUTH DAKOTA AVENUE TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOUGER, JOSEPH M 3117 W. COLUMBUS DRIVE SUITE 206 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Alberto & Nicole Gomez, TBE 110 South Dakota Avenue Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Joseph & Mariane Touger, TBE 3117 West Columbus Drive Suite 206 Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Guillermo E. Gomez, Jr. and Olga M. Pina, TBE 2609 Prospect Road Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Guillermo E. Gomez, Sr. and Josephine O. Gomez, TBE 430 Riverhills Drive Temple Terrace, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

400101746274

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: Olga M. Pina and Guillermo E. Gomez, Jr., TBE /s/ /s/

5/7/07

813-222-1170

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

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

L05000118216

ACCOUNT NO. : 072100000032

REFERENCE : 885770 4326591

AUTHORIZATION

*[Signature]*

COST LIMIT : \$ 55.00

ORDER DATE : May 7, 2007

ORDER TIME : 12:20 PM

ORDER NO. : 885770-005

CUSTOMER NO: 4326591

ANNUAL REPORT FILING

NAME: GO TO WATER, LLC

FILED  
07 MAY -7 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

BK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris-EXT#2937

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 MAY -7 PM 1:06  
NOTED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

BK