


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90274 024 \*\*\*\*50.00

<b>DOCUMENT # L06000052678</b>			
1. Entity Name <b>BLUE AQUA SYSTEMS LLC.</b>			
Principal Place of Business <b>6249 SOUTH BEND SQ. SUITE 164 ORLANDO, FL 32807 0</b>		Mailing Address <b>6249 SOUTH BEND SQ. SUITE 164 ORLANDO, FL 32807 0</b>	
2. Principal Place of Business - No P.O. Box # <b>6249 SOUTH BEND SQ.</b>		3. Mailing Address <b>6249 SOUTH BEND SQ.</b>	
Suite, Apt. #, etc. <b>Suite 164</b>		Suite, Apt. #, etc. <b>Suite 164</b>	
City & State <b>ORLANDO FL.</b>		City & State <b>ORLANDO FL</b>	
Zip <b>32807</b>	Country <b>ORANGE</b>	Zip <b>32807</b>	Country <b>ORANGE</b>
6. Name and Address of Current Registered Agent <b>GUTIERREZ, CARLOS CEO 6249 SOUTH BEND SQ. SUITE 164 ORLANDO, FL 32807</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CEO CARLOS GUTIERREZ 6249 SOUTH BEND SQ. ORLANDO FL 32807</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SECRETARY NORBERT S. GCHM 6249 SOUTH BEND SQ. ORLANDO FL 32807</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

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

Date

Daytime Phone #

**60017477**



02192007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5061497** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**2/19/2007**