


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90138 010 ***138.75

DOCUMENT # L06000075942	
1. Entity Name AQUA SCRUBBERS LLC	

Principal Place of Business 3695 WEBBER ST. SARASOTA, FL 34232	Mailing Address 3695 WEBBER ST. SARASOTA, FL 34232
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2. Principal Place of Business - No P.O. Box # 3700 Teate Dr Suite, Apt. #, etc.	3. Mailing Address 3700 Teate Dr Suite, Apt. #, etc.
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City & State Sarasota, FL	City & State Sarasota, FL
Zip 34232	Country
Zip 34232	Country

60005917



01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5461796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHANEY, MICHAEL E 3695 WEBBER ST. SARASOTA, FL 34232	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3700 Teate Dr City Sarasota FL Zip Code 34232	

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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANEY, MICHAEL E 3695 WEBBER ST. SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3700 Teate Dr Sarasota, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANEY, KAREN L 3695 WEBBER ST. SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3700 Teate Dr Sarasota, FL 34232
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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
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

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 	Michael E. Chaney	1/31/08 944-809-7420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #