

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092373

**FILED**  
**Jul 10, 2007**  
**Secretary of State**

**Entity Name:** AQUA TECH SYSTEMS OF FLORIDA, LLC

**Current Principal Place of Business:**

206 SOUTH MARION AVENUE  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

206 SOUTH MARION AVENUE  
LAKE CITY, FL 32025

**New Mailing Address:**

**FEI Number:** 20-5577117      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

THOMAS, DUANE E  
206 SOUTH MARION AVENUE  
LAKE CITY, FL 32025    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGR            ( ) Delete  
Name:            AQUA TECH SYSTEMS, L, LC  
Address:        3762 EDGEWATER DRIVE  
City-St-Zip:    FAYETTEVILLE, AR 72704

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:            AQUA TECH SYSTEMS, L, LC  
Address:        1849 N TRILLIUM LANE  
City-St-Zip:    FAYETTEVILLE, AR 72704

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS J BARTLETT

MGR

07/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date