

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 20, 2007 8:00 am
Secretary of State

04-02-2007 90435 031 ****50.00

DOCUMENT # L06000108457

1. Entity Name

WASTE WATER CONSULTANTS, LLC



Principal Place of Business

601 HERITAGE DRIVE
SUITE 109
JUPITER FL 33458

Mailing Address

601 HERITAGE DRIVE
SUITE 109
JUPITER FL 33458

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

76-0841281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, STUART B
2801 PGA BOULEVARD
SUITE 110
PALM BEACH GARDENS FL 33410

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 registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
SINGER, ROBERT W
601 HERITAGE DRIVE, SUITE 109
JUPITER FL 33458 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE NAME
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CITY ST ZIP ☐ Delete

TITLE NAME
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STREET ADDRESS
CITY ST ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME
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CITY ST ZIP ☐ Change ☐ Addition

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TITLE NAME
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STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME
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 Section 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:

Robert W Singer

3-15-07

561 797-1732

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

Date

Daytime Phone #