


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90023 045 ****55.00

DOCUMENT # L06000113173 1. Entity Name FLORIDA WATERBLASTING, LLC					
Principal Place of Business 309 BAYSIDE ROAD LAKE WORTH, FL 33461 US			Mailing Address 309 BAYSIDE ROAD LAKE WORTH, FL 33461 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 22698			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State West Palm Beach, FL			
Zip	Country	Zip 33416	Country United States		
6. Name and Address of Current Registered Agent COLLINS, MICHAEL S 2672 WORCESTER ROAD LAKE WORTH, FL 33462			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A.S.A. ENTERPRISES LIMITED, INC. 309 BAYSIDE ROAD LAKE WORTH, FL 33461		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAJ ENTERPRISES UNLIMITED, INC. 2672 WORCESTER ROAD LAKE WORTH, FL 33462		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <u>Michael S. Collins</u> Michael S. Collins 4-2-07 561-644-3814 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5978438** Applied For ☐ Not Applicable ☐

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