

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000113173

1. Entity Name
FLORIDA WATERBLASTING, LLC



Principal Place of Business
309 BAYSIDE ROAD
LAKE WORTH, FL 33461 US

Mailing Address
PO BOX 22698
WEST PALM BEACH, FL 33416 US

**FILED
Jan 18, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



01162008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5978438	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

COLLINS, MICHAEL S
2672 WORCESTER ROAD
LAKE WORTH, FL 33462

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IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A.S.A. ENTERPRISES LIMITED, INC. 309 BAYSIDE ROAD LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAJ ENTERPRISES UNLIMITED, INC. 2672 WORCESTER ROAD LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/08-80009-002 138.75

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IN THIS SPACE**

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 S. Collins* 1-16-08 561-644-3814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #