143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000120323

1. Entity Name
AQUAZITIONS, LLC

FILED
08 APR -1 AM 10: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
785 LARKVIEW STREET MERRITT ISLAND, FL 32953	785 LARKVIEW STREET MERRITT ISLAND, FL 32953

03142008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8102147
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPHERD, TEREASA D
785 LARKVIEW STREET
MERRITT ISLAND, FL 32953

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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	MGR
NAME	SHEPHERD, TEREASA
STREET ADDRESS	785 LARKVIEW STREET
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	MGR
NAME	SHEPHERD, THOMAS
STREET ADDRESS	785 LARKVIEW STREET
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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04/04/08--01009--006 **317.50

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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: Terry Shepherd PE MSHA 3/14/08 321-453-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #