

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050261

Entity Name: WATER RECOVERY, LLC

FILED  
Mar 09, 2009  
Secretary of State

**Current Principal Place of Business:**

1819 ALBERT STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 330358  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

FEI Number: 26-0326113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DALE, HOWARD L ESQ.  
DALE, BALD, SHOWALTER, MERCIER & GREEN, PA  
200 WEST FORSYTH STREET, SUITE 1100  
JACKSONVILLE, FL 32202 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: P ( ) Delete  
Name: JENKINS, STEVEN T  
Address: 1819 ALBERT STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: SEC ( ) Delete  
Name: JENKINS, POSEY H  
Address: 1819 ALBERT STREET  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN T. JENKINS

P

03/09/2009

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