

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000051169

FILED  
May 26, 2009  
Secretary of State

Entity Name: PROCESS WATER SOLUTIONS, LLC

**Current Principal Place of Business:**

3227 COUNTY ROAD 630 WEST  
FORT MEADE, FL 33841

**New Principal Place of Business:**

2120 CLUBHOUSE ROAD  
LAKELAND, FL 33813

**Current Mailing Address:**

P.O. BOX 1765  
HIGHLAND CITY, FL 33846

**New Mailing Address:**

FEI Number: 11-3812629      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COLLINS, JOHN P JR.  
59 LAKE MORTON DRIVE  
LAKELAND, FL 33801      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: MGRM ( ) Delete  
Name: ASTLEY, VAUGHN  
Address: 2120 CLUBHOUSE ROAD  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Delete  
Name: LUKE, DON  
Address: 1623 PALACE COURT  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ASTLEY, VAUGHN V DR  
Address: 2120 CLUBHOUSE ROAD  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM (X) Change ( ) Addition  
Name: MICHALSKI, DENNIS H  
Address: 1220 STRATTON DRIVE  
City-St-Zip: LAKELAND, FL 33813

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: VAUGHN ASTLEY

CEO

05/26/2009

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