

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051751

Entity Name: AQUAOX LLC

FILED  
Mar 16, 2009  
Secretary of State

## Current Principal Place of Business:

777 FLAGLER DR, STE 800  
WEST PALM BEACH, FL 33401 US

## New Principal Place of Business:

777, SOUTH FLAGLER DRIVE  
800  
WEST PALM BEACH, FL 33401 US

## Current Mailing Address:

10130 NORTHLAKE BLVD  
SUITE 214 # 165  
WEST PALM BEACH, FL 33412 US

## New Mailing Address:

10130 NORTHLAKE BLVD  
214 # 165  
WEST PALM BEACH, FL 33412 US

FEI Number: 90-0397810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VAN SCHAIK, MICHEL  
17355 HAMLIN BLVD  
LOXAHATCHEE, FL 33470 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: MGR ( ) Delete  
Name: VAN SCHAIK, MICHEL  
Address: 17355 HAMLIN BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM ( ) Delete  
Name: VAN SCHAIK, TERJE  
Address: 17355 HAMLIN BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470 US

## 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: MICHEL VAN SCHAIK

MGR

03/16/2009

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