

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90079 029 ***138.75

DOCUMENT # L07000083264

1. Entity Name
ULTIMATE PURE WATER LLC



Principal Place of Business
**8106 DAMASCUS CRIVE
PALM BEACH GARDENS, FL 33418**

Mailing Address
**8106 DAMASCUS CRIVE
PALM BEACH GARDENS, FL 33418**

60009046



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

22-3967437

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **RAY MAIWURM**

Street Address (P.O. Box Number is Not Acceptable)

8106 DAMASCUS DRIVE

City **PALM BEACH GARDENS**

FL

Zip Code
33418

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

Ray Maiwurm

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/08

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MAIWURM, RAY**
STREET ADDRESS **8106 DAMASCUS CRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **MGR** ☐ Delete
NAME **MAIWURM, ALLYSON**
STREET ADDRESS **8106 DAMASCUS CRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **ST** ☐ Delete
NAME **MAIWURM, ALLYSON**
STREET ADDRESS **8106 DAMASCUS CRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ray Maiwurm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/12/08

Date

561-622-9290

Daytime Phone #