

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086974

Entity Name: MIST AQUALITY LLC

FILED  
Feb 21, 2008  
Secretary of State

**Current Principal Place of Business:**

1144 TRAVERTINE TER  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1144 TRAVERTINE TER  
SANFORD, FL 32771

**New Mailing Address:**

PO BOX 950286  
LAKE MARY, FL 32795

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MAGEE, MATTHEW B  
1144 TRAVERTINE TER  
SANFORD, FL 32771 US

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

MAGEE, MATTHEW B MGR  
1144 TRAVERTINE TER  
SANFORD, FL 32771 US

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: MATTHEW MAGEE

02/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MAGEE, MATTHEW B  
Address: 1144 TRAVERTINE TER  
City-St-Zip: SANFORD, FL 32771

Title: MGR ( ) Delete  
Name: MAGEE, DEANNA J  
Address: 1144 TRAVERTINE TER  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MAGEE, MATTHEW B MGR  
Address: 1144 TRAVERTINE TER  
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Change ( ) Addition  
Name: MAGEE, DEANNA J MGR  
Address: 1144 TRAVERTINE TER  
City-St-Zip: SANFORD, FL 32771

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: MATTHEW MAGEE

MRG

02/21/2008

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