

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091767

FILED
Apr 14, 2009
Secretary of State

Entity Name: AQUA-VITA MARKETING AND BUSINESS DEVELOPMENT, L.L.C.

Current Principal Place of Business:

2957 WEST STATE ROAD 434
100
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2957 WEST STATE ROAD 434
100
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 26-0876850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOEDE, ARMAND J
2957 WISE 434 STE. 100
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

GOEDE, ARMAND J
2957 W SR 434 STE.
100
LONGWOOD, FL 32779 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: ARMAND J GOEDE

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOEDE, ARMAND J
Address: 421 BAKER AVENUE
City-St-Zip: ALTA MONTE, FL 32714

Title: MGRM () Delete
Name: GOEDE, MICHAEL R
Address: 170 HARD KNOCKS ROAD, P.O. BOX 242
City-St-Zip: UNADILLA, NY 13849

Title: MGRM () Delete
Name: GUE, GEORGE T JR.
Address: 14 SPRING STREET, APT. 3
City-St-Zip: NEW YORK, NY 10012

Title: MGRM () Delete
Name: OGDEN, CARL
Address: 1636 BEAR CROSSING CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: MGR () Delete
Name: ALVAREZ, GASTON R ESQ.
Address: 2655 S. LE JEUNE ROAD, STE. PH 1-C
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: KUCERA, BRUCE
Address: 12400 OLD CHENEY RD.
City-St-Zip: WALTON, NE 68461

ADDITIONS/CHANGES:

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

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

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

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

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: ARMAND J GOEDE

MGRM

04/14/2009

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