

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095711

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Entity Name:** THE ORIGINAL WATER DOCTOR LLC

**Current Principal Place of Business:**

1141 HOLLAND DRIVE, SUITE 21  
BOCA RATON, FL 33487

**New Principal Place of Business:**

1710 WEST ATLANTIC AVE.  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

1141 HOLLAND DRIVE, SUITE 21  
BOCA RATON, FL 33487

**New Mailing Address:**

6633 CASA GRANDE WAY  
DELRAY BEACH, FL 33446 US

**FEI Number:** 65-0239429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BSPA CORPORATE SERVICES, INC.  
350 E. LAS OLAS BLVD., SUITE 1000  
FT. LAUDERDALE, FL 33301 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: MRS. ( ) Delete  
Name: SWICICKI, LENORE KALDOR  
Address: 1141 HOLLAND DRIVE #21  
City-St-Zip: BOCA RATON, FL 33487 US

**ADDITIONS/CHANGES:**

Title: MRS. (X) Change ( ) Addition  
Name: SWICICKI, LENORE KALDOR  
Address: 6633 CASA GRANDE WAY  
City-St-Zip: DELRAY BEACH, FL 33446 US

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: LENORE KALDOR SWICICKI

MGR.

03/18/2009

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