

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000117702

Entity Name: AQUA CAPITAL, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

5911 MISSOURI AVE.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5911 MISSOURI AVE.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 25-1582976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVACS, ATTILA
6515 DRIFTWOOD DR.
HUDSON, FL 34652 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: ATTILA KOVACS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOVACS, SALLIE
Address: 5911 MISSOURI AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR () Delete
Name: TOTH, MARIA
Address: 5911 MISSOURI AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: KOVACS, ATTILA
Address: 5911 MISSOURI AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KOVACS, SALLIE MGR
Address: 5911 MISSOURI AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

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: ATTILA KOVACS

CEO

04/27/2009

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