

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078044

FILED
Jan 13, 2009
Secretary of State

Entity Name: NATURAL WATER FROM AIR, LLC

Current Principal Place of Business:

501 SOUTH LINCOLN AVENUE, STE. 24
CLEARWATER, FL 33756

New Principal Place of Business:

1810 CITRUS HILL LA
PALM HARBOR, FL 34683

Current Mailing Address:

687 ALDERMAN RD, STE 130
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 26-3587961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEFELICE, MARYANN
501 SOUTH LINCOLN AVENUE, STE. 24
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

DEFELICE, MARYANN
1810 CITRUS HILL LA
PALM HARBOR, FL 34683 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:

01/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEFELICE, MARYANN
Address: 501 SOUTH LINCOLN AVENUE, STE. 24
City-St-Zip: CLEARWATER, FL 33756

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEFELICE, MARYANN
Address: 1810 CITRUS HILL LA
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Change (X) Addition
Name: DEFELICE, FRED J
Address: 1810 CITRUS HILL LA
City-St-Zip: PALM HARBOR, FL 34683

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: FRED J DEFELICE

MGRM

01/13/2009

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