

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000120079

Entity Name: AQUA LUX, LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

103 W. 5TH STREET  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

103 W. 5TH STREET  
PANAMA CITY, FL 32401

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

JOSEPH SILVA, JR., P.A.  
103 W. 5TH STREET  
PANAMA CITY, FL 32401 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: MGRM  
Name: SILVA, JOSEPH JR.  
Address: 103 W. 5TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: SILVA, JOSEPH W  
Address: 103 W. 5TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: SILVA, KATHERINE  
Address: 103 W. 5TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

I hereby 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: JOSEPH SILVA, JR.

P

04/24/2012

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