

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000023408

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** SEMPRE AQUA, LLC

**Current Principal Place of Business:**

20507 NE 9 PLACE  
MIAMI, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

20507 NE 9 PLACE  
MIAMI, FL 33179 US

**New Mailing Address:**

**FEI Number:** 27-2026138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ISIS VALLE, P.A.  
150 SE 2ND AVENUE  
1007  
MIAMI, FL 33131 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:** MGR  
**Name:** FELPETO DELANEY, MARIA CRISTINA  
**Address:** 20507 NE 9 PLACE  
**City-St-Zip:** MIAMI, FL 33179 US

**Title:** MGR  
**Name:** SOUVIRON, ROBERTO HERNAN  
**Address:** 20507 NE 9 PLACE  
**City-St-Zip:** MIAMI, FL 33179 US

**Title:** MGRM  
**Name:** SOUVIRON, ROBERTO CARLOS  
**Address:** 20507 NE 9 PLACE  
**City-St-Zip:** MIAMI, FL 33179 US

**Title:** MGRM  
**Name:** NOUZERET, ANA MARIA  
**Address:** 20507 NE 9 PLACE  
**City-St-Zip:** MIAMI, FL 33179 US

**Title:** MGRM  
**Name:** SOUVIRON, MARIA SOL  
**Address:** 20507 NE 9 PLACE  
**City-St-Zip:** MIAMI, FL 33179 US

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:** ROBERTO H. SOUVIRON

MGRM

04/23/2012

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