

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000067761

FILED
Mar 29, 2012
Secretary of State

Entity Name: BROTHER AND SISTERS NATURAL SPRING WATER, L.L.C.

Current Principal Place of Business:

5865 N.W. 46 TERRACE
BUILDING # 3
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

5865 N.W. 46 TERRACE
BUILDING # 3
FORT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 90-0580619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILKES, ROMAN L SR.
5865N.W.46TERR
BLD#3 APT#108
TAMARAC, FL 33319 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: WILKES, ROMAN SR
Address: 5865 N.W. 46 TERRACE BUILDING # 3
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGRM
Name: WILKES, BERNICE
Address: 5865 N.W. 46 TERRACE BUILDING # 3
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGRM
Name: MOORE, HELEN
Address: 5865 N.W. 46 TERRACE BUILDING # 3
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGRM
Name: WILSON, IVORY
Address: 5865 N.W. 46 TERRACE BUILDING # 3
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGRM
Name: ROBINSON, MILLCENT
Address: 5865 N.W. 46 TERRACE BUILDING # 3
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGRM
Name: WILKES, ROMAN JR
Address: 5865 N.W. 46 TERRACE BUILDING # 3
City-St-Zip: FORT LAUDERDALE, FL 33319

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: ROMANWILKES.SR

CEO

03/29/2012

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