

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000097397

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** MOISTURE RECOVERY WATER LOSS SERVICES, LLC

**Current Principal Place of Business:**

920 N A1A  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

515 DISTRUBUTION DR.  
MELBOURNE, FL 32904

**Current Mailing Address:**

1145 N RAMONA AVE  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:** 27-3563040

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEAD, JOHN L JR.  
920 N A1A  
INDIALANTIC, FL 32903 US

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

HEAD, JOHN L JR.  
1145 NORTH RAMONA AVE.  
INDIALANTIC, FL 32903 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: JOHN L. HEAD JR.

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HEAD, JOHN L JR.  
Address: 1145 NORTH RAMONA AVE  
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM  
Name: HEAD, JOHN L III  
Address: 515 DISTRUBUTION DR.  
City-St-Zip: MELBOURNE, FL 32904

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: JOHN L.HEAD JR.

MGRM

04/18/2011

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