

L16 000 104181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400287087214

06/20/16--01036--011 **25.00

FILED

2016 JUN 20 A 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 21 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA KEYS AERATION LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT GARDNER

Name of Person

FLORIDA KEYS AERATION LLC

Firm/Company

2100 NW 33RD STREET

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

scott.gardner@aquaticsystems.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT GARDNER

Name of Person

at (**754**)

Area Code

307-9790

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 20 A 10:22

FILED