

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001139

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** AQUA PURE OF SW FLORIDA, L.C.

**Current Principal Place of Business:**

5471 LEE ST UNIT 102  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

220 24TH AVE NE  
NAPLES, FL 34120

**Current Mailing Address:**

5471 LEE ST UNIT 102  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

220 24TH AVE NE  
NAPLES, FL 34120

**FEI Number:** 59-3532059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARKHAM, KEITH D  
5471 LEE ST. UNIT 102  
LEHIGH ACRES, FL 33971 US

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

MARKHAM, KEITH D  
220 24TH AVE NE  
NAPLES, FL 34120 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: KEITH D MARKHAM

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARKHAM, KEITH D  
Address: 5471 LEE ST UNIT 102  
City-St-Zip: LEHIGH ACRES, FL 33971

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MARKHAM, KEITH D  
Address: 220 24TH AVE NE  
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KEITH D MARKHAM

MGRM

04/29/2008

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